

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000015026

Entity Name: MILLENNIA LENDING GROUP, LLC

FILED
Oct 11, 2006
Secretary of State

Current Principal Place of Business:

4210 METRO PARKWAY
SUITE 105
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

4210 METRO PARKWAY
SUITE 105
FORT MYERS, FL 33916

New Mailing Address:

FEI Number: 65-1063052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REBER, CHARLES J
2624 SW 42ND LANE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

REBER, CHARLES J
11606 ROYAL TEE CIRCLE
CAPE CORAL, FL 33991 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHARLES J. REBER

10/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REBER, LYNN M
Address: 2624 SW 42ND LANE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR () Delete
Name: REBER, CHARLES J
Address: 2624 SW 42ND LANE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REBER, LYNN M
Address: 11606 ROYAL TEE CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

Title: MGR (X) Change () Addition
Name: REBER, CHARLES J
Address: 11606 ROYAL TEE CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LYNN M. REBER

MRS.

10/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date