2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000018111

1. Entity Name

BLUE DOLPHIN MORTGAGE LENDING, LLC



Principal Place of Business

672 NORTH SEMORAN BLVD., STE. 202

ORLANDO, FL 32807

Mailing Address

672 NORTH SEMORAN BLVD., STE. 202 ORLANDO, FL 32807

FILED May 02, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3750764

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and little if applicable

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

	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. I am familiar with, and accept the obligations of registered agent.
	the obligations of registered agents.
21/	CNATURE

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANTIAGO, MARIA N 672 NORTH SEMORAN BLVD., STE. 202 ORLANDO, FL 32807
NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINONES, FRANCES M 672 NORTH SEMORAN BLVD., STE. 202 ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OF PRINTED NAME OF RIGHING HANDONS MEMBER OF AUTHORIZED REPRESENTATIVE

4/27/07

407-384-0044

.