

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90262 001 *****5.00
03-05-2002 90262 002 ***150.00

DOCUMENT # L01000021461

1. Entity Name

WCS LENDING LLC

DO NOT WRITE IN THIS SPACE

- 16003

2. Principal Place of Business

7700 Congress Ave.

Suite, Apt. #, etc.

Suite 1127

City & State

Boca Raton

Zip

33487

Country

USA

3. Mailing Address

7700 Congress Ave.

Suite, Apt. #, etc.

Suite 1127

City & State

Boca Raton

Zip

33487

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

240001165

Applied For

Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Eric Wallberg

Street Address (P.O. Box Number is Not Acceptable)

7700 Congress Ave.

Suite 1127

City

Boca Raton

FL

Zip Code

33487

8. 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

Eric M. Wallberg

2/19/02

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Managing Member
Carlos V. Cepeda
9262 Broad Street
Boca Raton, FL 33434

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Managing Member
Eric M. Wallberg
9120 Broad Street
Boca Raton, FL 33434

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Member
Robert Rubinstein
1915 Laver Circle, Apt E105
Delray Beach, FL 33444

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Member
Howard Mofshin
3114 St. Annes Drive
Boca Raton, FL 33496

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Member
Harvey Raimi
4818 Park Hill Court
West Bloomfield, MI 48323

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Member
Carlos M. Cepeda
370 Park Hill Ave
Yonkers, NY 10705

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Carlos V. Cepeda

2/19/02

561 241 1601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)