


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

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90321 024 \*\*\*\*50.00

<b>DOCUMENT #</b> <u>C01000021461</u>	
<b>1. Entity Name</b> WCS Lending, LLC	

**DO NOT WRITE IN THIS SPACE**

20060120

<b>2. Principal Place of Business</b> 6501 Congress Ave Suite, Apt. #, etc. Third Floor City & State Boca Raton, FL Zip 33487 Country US	<b>3. Mailing Address</b> 6501 Congress Ave Suite, Apt. #, etc. Third Floor City & State Boca Raton, FL Zip 33487 Country US
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 26-0001165	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name <u>Carlos Cepeda</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>6501 Congress Ave, Third Floor</u>	
	City <u>Boca Raton</u>	FL Zip Code <u>33487</u>

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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. **DATE** \_\_\_\_\_

<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>
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<b>9. MANAGING MEMBERS / MANAGERS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>Managing Partner</b> <b>Carlos V. Cepeda</b> <b>4294 NW 60th Drive, Boca Raton, FL 33496</b>			
<b>Managing Partner</b> <b>Eric M. Wallberg</b> <b>15614 Messina Isles Drive, Delray, FL 33445</b>			
			<b>DO NOT WRITE IN THIS SPACE</b>

CR2E083B (1202)

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:** \_\_\_\_\_ **561-241-5200**  
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT'S MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #