2004 LIMITED LIABILITY COMPANY

FILED Apr 02, 2004 8:00 am Secretary of State 04-02-2004 90254 043 ****55.00

ANNUAL REPORT	
DOCUMENT # L02000019534 1. Entity Name U.S. LENDING SOLUTIONS, LLC	

U.S. LENI	DING SOI	LUTIONS, LLC							
Principal Place 9999 SUNSE SUITE #205 MIAMI, FL 3	T DRIVE		Mailing Address 9999 SUNSET DRIVE SUITE #205 MIAMI, FL 33173				In thir illi thin thin thin thin	240331	
2. Principal P		17#Street	3. Mailing Address	17451	e e e T	-			
Suite, Apt. #, etc. Suite, Apt. #,			Suite, Apt. #, etc.			03242004	Chg-LLC	CR2E083 (10/03)	
City & Stat	e .	Florida	City & State	Floridi	<u>a</u>	4. FEI Numi		<u> </u>	oplied For
MiAI	<u> </u>	Country	Mi AMI	Country	7	22-38	e of Status Desired	\$5.00 Add	ot Applicable ditional
<i>33</i> ,	6. Name	and Address of Current	33/26 Registered Agent	$ \nu$ s	H_{\perp}		d Address of New F	Fee Require	d
ROS, CAR	- ;			Name	Ros	S-CA	Rlos J.		e-4
9999 SUN	SET DRIV	E SUITE 205		Street Ad	idress (P.	O. Box Num	her is Not Acceptabl	STREET	
MIAMI, FL 33173					Su	ii te	# 110		
				City	MI	Am	<u>, </u>	FL Zin Son	3/26
8. The above the obligat	named entity	submits this statement for	the purpose of changing its re	gistered office or	registere	d agent, or b	oth, in the State of Fl	orida. I am familiar with,	and accept
SIGNATURE	Signal Wood o	r plinted name of registered agent a	and title if applicable (NOTE: 6	legistered Agent signatur	re required w	han reinstation)		3/31/20	04
	o .	The state of the s	Trois.		- Induser		Ţ · 	DAC .	
Fi Di	iling Fee is ue by May	\$ \$50.00 1, 2004						te check payable to a Department of Stat	e
9.	_ <u>; </u>	MANAGING MEMBE	RS/MANAGERS	10.			- ADDITIONS	/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		LOS J SET-DRIVE - SUITE #3 33173 33/26	□ _{Delete} 295 8600 N.W. 17S†#110	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE	MGRM	33748	Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	MORENO,	JULIO C JR. SET-DRIVESHITE-#3	205 8600 NW175f.#110	NAME STREET ADDRESS			•		·
CITY-ST-ZIP		33 17 3 33/26		CITY-ST-ZIP					
TITLE	MGRM MORENO:	JULIO C.SR.	☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS	9999 SUN	SET DRIVE - SUITE #2	205 8600 N.WI 75t.#110	STREET ADDRESS		<u></u>	*******	= 4·4 × ×	-20. -
CITY-ST-ZIP	MIAMI, FL	33175 33/26	☐ Delete	CITY-ST-ZIP				☐ Change	☐ Addition
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TITLE		-	☐ Delete	TITLE	-			☐ Change	☐ Addition
NAME STREET ADDRESS	ty in		•	NAME STREET ADDRESS					į
CITY-ST-ZIP			<u> </u>	CITY-ST-ZIP				39 \$ + Nr \$ 5	<u> </u>
TITLE NAME	*****		☐ Delete	TITLE NAME	•		* ************************************	Change	Addition
STREET ADDRESS				STREET ADDRESS					,
→ CITY-ST-ZIP -	certify that the	information supplied with	this filling does not qualify for the	CITY-ST-ZiP	ad in Sas	tion 110 07/2	IVI) Florida Statutas	I further cortify that the	oformation
indicated	on this report	is true and accurate and	this filing does not qualify for the	e same legal effec	au in Seci	ide under oa	th; that I am a mana	ging member or manage	er of the

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/31/2004 (305)5