

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021722

FILED  
Jul 09, 2005  
Secretary of State

**Entity Name:** FIRST UNIVERSAL LENDING, LLC

**Current Principal Place of Business:**

3300 PGA BOULEVARD, SUITE 410  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

3300 PGA BOULEVARD, SUITE 410  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 04-3711978      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FEINGOLD, DAVID J ESQ.  
C/O FEINGOLD & KAM, LLC  
3300 P.G.A. BLVD., SUITE 410  
PALM BEACH GARDENS, FL 33410 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** LENDING PARTNERS,  
**Address:** 3300 PGA BLVD. SUITE 410  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410 US

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** SEAN ZAUSNER

MM

07/09/2005

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