

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027126

Entity Name: SEC EQUITY LENDING LLC

FILED
May 31, 2006
Secretary of State

Current Principal Place of Business:

1549 NE 123RD ST
N MIAMI, FL 33181

New Principal Place of Business:

1549 NE 123RD ST
N MIAMI, FL 33161

Current Mailing Address:

1549 NE 123RD ST
N MIAMI, FL 33181

New Mailing Address:

1549 NE 123RD ST
N MIAMI, FL 33161

FEI Number: 20-0162553 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:

NAE, JOSE
1549 NE 123RD ST
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

NAE, JOSE
1549 NE 123RD ST
MIAMI, FL 33161 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: JOSE NAE

05/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NAE, JOSE
Address: 1549 NE 123RD ST
City-St-Zip: N MIAMI, FL 33181

Title: MGR (X) Delete
Name: NAE, ALBERT
Address: 1549 NE 123RD ST
City-St-Zip: N MIAMI, FL 33181

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NAE, JOSE
Address: 1549 NE 123RD ST
City-St-Zip: N MIAMI, FL 33161

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 Chapter 119, 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: JOSE NAE

MGRM

05/31/2006

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