


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90108 028 \*\*\*\*50.00

DOCUMENT # L03000003054					
1. Entity Name EXECUTIVE LENDING GROUP, LLC					
Principal Place of Business 7220 NW 36TH STREET SUITE 500 MIAMI, FL 33166 US			Mailing Address 7220 NW 36TH STREET SUITE 500 MIAMI, FL 33166 US		
2. Principal Place of Business <b>7220 NW 36TH ST.</b>			3. Mailing Address <b>7220 NW 36TH ST.</b>		
Suite, Apt. #, etc. <b>215</b>			Suite, Apt. #, etc. <b>215</b>		
City & State <b>MIAMI FL</b>			City & State <b>MIAMI FL</b>		
Zip <b>33166</b>		Country <b>USA</b>		Zip <b>33166</b>	
Country <b>USA</b>		4. FEI Number <b>05-0551135</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  ARDA, BARBARA 7220 NW 36TH STREET SUITE 500 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <u><i>Bambang Andri</i></u> DATE <u>01/24/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRAGA, MERCEDES 3778 NW 13TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRAGA, MERCEDES 11059 SW 69 TERR, MIAMI FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARDA, BARBARA 7845 CAMINO REAL, # O-406 MIAMI, FL 33143 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARBARA ARDA 6718 SW 114 AVE, MIAMI FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Bambang Andri</i></u>			01/24/04 305.513.4884		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					