2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State
02-04-2005 90105 001 *****5.00
02-04-2005 90105 002 ****50.00

DOCUMENT # L03000003054
1. Entity Name
EXECUTIVE LENDING GROUP, LLC

Principal Place of Business	Mailing Address
7220 NW 36TH STREET SUITE 215 MIAMI, FL 33166 US	7220 NW 36TH STREET SUITE 215 MIAMI, FL 33166 US

2. Principal Place of Business	3. Mailing Address
	11059 SW 69 TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MIAMI FL
Zip / Country	Zip 33173 Country USA.

01192005 Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0551135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

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: Mercedes Fraga.
Street Address (P.O. Box Number is Not Acceptable): 11059 SW 69 TERR.
City: MIAMI FL Zip Code 33173

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 Barbara Arda. Mercedes Fraga 01/20/05.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

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 11059 SW 69 TERR. MIAMI, FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARDA, BARBARA 6718 SW 114 AVE. MIAMI, FL 33173	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Barbara Arda 01/20/05 305.513.4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #