

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009197

FILED
Apr 26, 2005
Secretary of State

Entity Name: PRESIDENTIAL LENDING GROUP, LLC

Current Principal Place of Business:

6893 S.W. 18TH STREET, SUITE 201
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

6893 S.W. 18TH STREET, SUITE 201
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 43-2004048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOLDWYN, ANDREW S ESQ.
455 FAIRWAY DRIVE, SUITE 104
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM () Delete
Name: MORTGAGE YOUR WAY, L, LC
Address: 6893 S.W. 18TH STREET, SUITE 201
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM () Delete
Name: DSCZ, INC,
Address: 6901 SW 18TH STREET, STE 100
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZEUNER, CRAIG
Address: 6893 S.W. 18TH STREET, SUITE 201
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM (X) Change () Addition
Name: FIRESTONE, EVAN
Address: 6901 SW 18TH STREET, STE 100
City-St-Zip: BOCA RATON, FL 33433

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: CRAIG ZEUNER

MGRM

04/26/2005

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