

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-12-2004 90047 021 ****50.00

DOCUMENT # L03000013220 1. Entity Name COMPETITIVE LENDING RESOURCE, L.L.C.			
Principal Place of Business 80 ROYAL PALM POINTE VERO BEACH, FL 32960		Mailing Address 80 ROYAL PALM POINTE VERO BEACH, FL 32960	
2. Principal Place of Business 31 Royal Palm Pointe Suite, Apt. #, etc.		3. Mailing Address 31 Royal Palm Pointe Suite, Apt. #, etc.	
City & State Vero Beach, FL		City & State Vero Beach, FL	
Zip 32960	Country Indian River	Zip 32960	Country Indian River
6. Name and Address of Current Registered Agent CAMPIONE, CHRISTOPHER C. ESQ BOWEN & CAMPIONE, P.A. 80 ROYAL PALM POINTE VERO BEACH, FL 32960		7. Name and Address of New Registered Agent Name Christopher C. Campione Street Address (P.O. Box Number is Not Acceptable) 31 Royal Palm Pointe City Vero Beach FL Zip Code 32960	
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>Christopher Campione</i></u> DATE <u>8/1/04</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 September 8, 2004		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Christopher Campione, M. M. <input type="checkbox"/> Delete 31 Royal Palm Pointe Vero Beach, FL 32960	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<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>Christopher Campione</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>8/1/04</u> Daytime Phone # _____	