

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022210

FILED
Mar 02, 2006
Secretary of State

Entity Name: FINANCIAL LENDING AND INVESTMENT SOLUTIONS, LLC

Current Principal Place of Business:

9498 S. MILITARY TRAIL #2
BOYNTON BEACH, FL 33436

New Principal Place of Business:

9498 S. MILITARY TRAIL
2
BOYNTON BEACH, FL 33436

Current Mailing Address:

9498 S. MILITARY TRAIL #2
BOYNTON BEACH, FL 33436

New Mailing Address:

9498 S. MILITARY TRAIL
2
BOYNTON BEACH, FL 33436

FEI Number: 32-0082706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA ROSA, DAVID
9498 S MILITARY TRAIL
2
BOYNTON BEACH, FL 33436 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/MANAGERS:

Title: MGR () Delete
Name: DE LA ROSA, GIOVANNI
Address: 950 W 80 PL
City-St-Zip: HIALEAH, FL 33014

Title: MGR (X) Delete
Name: DE LA ROSA, DAVID
Address: 9498 S MILITARY TRAIL UNIT 2
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DE LA ROSA, DAVID
Address: 9498 S MILITARY TRAIL/ STE 2
City-St-Zip: BOYNTON BEACH, FL 33436

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: DAVID DE LA ROSA

MGR

03/02/2006

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