

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90051 016 ****50.00

DOCUMENT # L03000035281

1. Entity Name
VESTOR LENDING, LLC



Principal Place of Business
105 SARASOTA QUAY
SARASOTA, FL 34236

Mailing Address
105 SARASOTA QUAY
SARASOTA, FL 34236

20040570



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-0580487

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSINESS FILINGS INCORPORATED
660 E. JEFFERSON ST.
TALLAHASSEE, FL 32301

Name Steven R. Medendorp
Street Address (P.O. Box Number is Not Acceptable)

104 Sarasota Quay
City Sarasota **FL** Zip Code 34236

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

[Signature]

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

4/18/05

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 MGR ☒ Delete
NAME NATIONAL PROJECT MANAGEMENT, INC.
STREET ADDRESS 1820 MEADOWOOD STREET
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME THE VESTOR GROUP, LP
STREET ADDRESS 237 TRAMWAY DRIVE, STE B, BOX 4470
CITY-ST-ZIP LAKE TAHOE, NV 89449

TITLE ☒ Change ☐ Addition
NAME MGRM
STREET ADDRESS East Coast Commercial Holdings, LP
CITY-ST-ZIP 237 Tramway Drive, PO Box 4470, Stateline, NV 89449

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/18/05

Date

(941) 308-1177

Daytime Phone #