

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90023 007 ****55.00

DOCUMENT # L03000041351																													
1. Entity Name NEW WORLD COMMERCIAL LENDER, LLC																													
Principal Place of Business C/O RONNY J. HALPERIN, P.A., 312 SE 17 ST. SECOND FLOOR FT. LAUDERDALE, FL 33316			Mailing Address C/O RONNY J. HALPERIN, P.A., 312 SE 17 ST. SECOND FLOOR FT. LAUDERDALE, FL 33316																										
2. Principal Place of Business 2000 south Suite, Apt. #, etc. 108 City & State MIAMI FLORIDA Zip 33146 Country USA		3. Mailing Address 2000 south Dixie Hwy Suite, Apt. #, etc. 108 City & State MIAMI FL 33146 Zip 33146 Country USA																											
02162004 Chg-LLC CR2E083 (10/03)		4. FEI Number 13 4269 045		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent RONNY J. HALPERIN, P.A. 312 SE 17 ST. SECOND FLOOR FT. LAUDERDALE, FL 33316																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Vice President / Secretary <input type="checkbox"/> Delete</td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td>GERMANO CARREIRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 SOUTH BISCAYNE BLVD, MIAMI</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>33133</td> <td></td> </tr> </table>			TITLE	Vice President / Secretary <input type="checkbox"/> Delete		NAME	GERMANO CARREIRA		STREET ADDRESS	201 SOUTH BISCAYNE BLVD, MIAMI		CITY-ST-ZIP	33133		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td>CURTIS E GARNER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7985 SW 166 ST, PALMETTO BAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FL, 33157</td> <td></td> </tr> </table>			TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		NAME	CURTIS E GARNER		STREET ADDRESS	7985 SW 166 ST, PALMETTO BAY		CITY-ST-ZIP	FL, 33157	
TITLE	Vice President / Secretary <input type="checkbox"/> Delete																												
NAME	GERMANO CARREIRA																												
STREET ADDRESS	201 SOUTH BISCAYNE BLVD, MIAMI																												
CITY-ST-ZIP	33133																												
TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																												
NAME	CURTIS E GARNER																												
STREET ADDRESS	7985 SW 166 ST, PALMETTO BAY																												
CITY-ST-ZIP	FL, 33157																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PRESIDENT <input checked="" type="checkbox"/> Delete</td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td>ABEL ROJAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1852 NW 19 ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33125</td> <td></td> </tr> </table>			TITLE	PRESIDENT <input checked="" type="checkbox"/> Delete		NAME	ABEL ROJAS		STREET ADDRESS	1852 NW 19 ST		CITY-ST-ZIP	MIAMI FL 33125		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PRESIDENT <input checked="" type="checkbox"/> Delete																												
NAME	ABEL ROJAS																												
STREET ADDRESS	1852 NW 19 ST																												
CITY-ST-ZIP	MIAMI FL 33125																												
TITLE																													
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE																													
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE																													
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE																													
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE																													
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE																													
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE																													
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: _____ GERMANO CARREIRA April 07, 2004 305 1515017 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													