2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 27, 2006 8:00 am Secretary of State

DOCUMENT # L04000014751 1. Entity Name ETOILE LENDING, LLC						01-27-2006		014 ****	
Principal Place of Business C/O ROZENCWAIG & FERRERO-CARR 301 WEST HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009		Mailing Address C/O ROZENCWAIG & FERRERO-CARR 301 WEST HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009			- 200 	033			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01202006	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State		4. FEI Numbe 20-085			_ 	plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current F	legistered Agent	l		7. Name and	Address of New R	egistered A	\gent	
				Name					
ROZENCWAIG & FERRERO-CARR 301 WEST HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009				Street Address (P.O. Box Number is Not Acceptable)					
TIALUNIAU	ALL BEAGII, I'E 33009								
			City				FL	Zip Code)
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or registe	ered agent, or bol	h, in the State of Flo	orida. I am	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if apolicable. (NOT	F: Recistere	d Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State				
									,
		RS/MANAGERS	10.				Departm	ent of State	•
Di	ue by May 1, 2006	RS/MANAGERS	10.	:		Florida	Departm	ent of State	→ Addition
9. TITLE NAME	MANAGING MEMBER MGRM FLAIFEL, PABLO		TITLE	E		Florida	Departm	ent of State	
9. TOLE NAME STREET ADDRESS	MANAGING MEMBER MGRM FLAIFEL, PABLO 2500 SW 131 PLACE		TITLE NAM STRE	E Et adoress		Florida	Departm	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM FLAIFEL, PABLO	□ Detete	TITLE NAM STRE CITY	E Et adoress - St-Zip		Florida	Departm	Change	Addition
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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: 1/23/06 305 2/3 5 195
SIGNATURE: Daylor Front of Daylor Printed Name OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylor Pront of