

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019123

Entity Name: HARD MONEY LENDERS, LLC

FILED
Jul 06, 2008
Secretary of State

Current Principal Place of Business:

5147 FOX HUNT DRIVE
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

Current Mailing Address:

5147 FOX HUNT DRIVE
WESLEY CHAPEL, FL 33543

New Mailing Address:

PO BOX 7928
HILTON HEAD ISLAND, SC 29938

FEI Number: 32-0110887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LAW OFFICES OF CARRILLO & CARRILLO, P.A.
1401 PONCE DE LEON BLVD, STE 200
CORAL GABLES, FL 33134 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: MGRM () Delete
Name: JOHNSTON, MCRAE B
Address: 5147 FOX HUNT DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGRM () Delete
Name: DE LA TORE, CARLOS
Address: 9401 SW 67TH ST
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSTON, MCRAE B
Address: PO BOX 7928
City-St-Zip: HILTON HEAD ISLAND, SC 29938

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MCRAE B JOHNSTON

MM

07/06/2008

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