

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90345 045 ****50.00

DOCUMENT # L04000024370

1. Entity Name
PACE LENDING & INVESTMENTS LLC



Principal Place of Business
**133 E. BAY STREET
JACKSONVILLE, FL 32202**

Mailing Address
**133 E. BAY STREET
JACKSONVILLE, FL 32202**

60033856

2. Principal Place of Business - No P.O. Box #
2002 San Marco Blvd.

3. Mailing Address
2002 San Marco Blvd.

Suite, Apt. #, etc.
Suite #204

Suite, Apt. #, etc.
Suite #204

04032007 Chg-LLC CR2E083 (12/06)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
27-0084766

Applied For
Not Applicable

Zip
32207

Country
USA

Zip
32207

Country
USA

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

**SAFFELL, PAUL KENNETH
1934 LARGO ROAD
JACKSONVILLE, FL 32207**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SAFFELL, PAUL KENNETH
1934 LARGO ROAD
JACKSONVILLE, FL 32207** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/4/07
Date

904 396 0072
Daytime Phone #