

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029051

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** LENDING BANKERS MORTGAGE L.L.C.

**Current Principal Place of Business:**

1 OAKWOOD BLVD # 170  
SUITE # 170  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

900 BISCAYNE BAY  
SUITE # 707  
MIAMI, FL 33132

**Current Mailing Address:**

ONE OAKWOOD BLVD  
SUITE # 170  
HOLLYWOOD, FL 33020

**New Mailing Address:**

900 BISCAYNE BAY  
SUITE # 707  
MIAMI, FL 33132

**FEI Number:** 20-1038148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

OTERO, DAVID A MGRM  
ONE OAKWOOD BLVD  
SUITE # 170  
HOLLYWOOD, FLORIDA, FL 33020 US

**Name and Address of New Registered Agent:**

OTERO, DAVID A MGRM  
900 BISCAYNE BAY  
SUITE # 707  
MIAMI, FL 33132 US

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: DAVID A. OTERO

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OTERO, DAVID A  
Address: 6532 VIA REGINA  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: OTERO, DAVID A  
Address: 1800 N. BAYSHORE DR # 2803  
City-St-Zip: MIAMI, FL 33132

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: DAVID A. OTERO

MM

04/30/2009

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