

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000029740 1. Entity Name D & F COMMERCIAL LENDING FUND, LLC	
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Principal Place of Business 105 US HIGHWAY 301 SOUTH, SUITE 110 TAMPA FL 33619	Mailing Address 105 US HIGHWAY 301 SOUTH, SUITE 110 TAMPA FL 33619
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent HARROW, ANDREW M 105 UNITED STATES HIGHWAY 301 SOUTH SUITE 110 TAMPA FL 33619	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

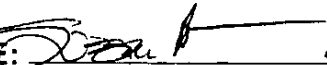
SIGNATURE	(NOTE: Registered Agent signature required when re-registering) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007	DATE
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9. MANAGING MEMBERS/MANAGERS	
TITLE	S <input type="checkbox"/> Delete NAME HARROW, SUSAN STREET ADDRESS 6504 SEA BIRD WAY CITY-ST-ZIP APOLLO BEACH FL 33572
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP
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10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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U00000711710 Change Addition
04/26/07-80018-008 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Susan Harrow** 4-11-07 8136210045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #