

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031065

Entity Name: 1ST CAPITAL LENDING, LLC

FILED
Apr 24, 2005
Secretary of State

Current Principal Place of Business:

13224 W. BROWARD BLVD.
PLANTATION, FL 33325

New Principal Place of Business:

Current Mailing Address:

13224 W. BROWARD BLVD.
PLANTATION, FL 33325

New Mailing Address:

FEI Number: 55-0864574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRAHAN, BRIAN
1375 GATEWAY BLVD.
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

GARRAHAN, BRIAN
13224 W. BROWARD BLVD.
PLANTATION, FL 33325 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: BRIAN GARRAHAN

04/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GARRAHAN, BRIAN
Address: 1375 GATEWAY BLVD.
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR () Delete
Name: GARRAHAN, LINDA
Address: 2100 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARRAHAN, BRIAN
Address: 13224 W. BROWARD BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33325

Title: MGR (X) Change () Addition
Name: GARRAHAN, LINDA
Address: 13224 W. BROWARD BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDA GARRAHAN

MGR

04/24/2005

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