## 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NA

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L04000031065 ' 05 JUN 22 AM 10: 33 1. Entity Name 1ST CAPITAL LENDING, LLC Mailing Address Principal Place of Business 13224 W. BROWARD BLVD. 13224 W. BROWARD BLVD. PLANTATION, FL 33325 PLANTATION, FL 33325 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06192005 Cha-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 55-0864574 Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARRAHAN, BRIAN Street Address (P.O. Box Number is Not Acceptable) 13224 W. BROWARD BLVD. PLANTATION, FL 33325 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and bitle if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR Addition MGR TITLE Change ☐ Delete 1177 F PHIL Mª MULLEN GARRAHAN, BRIAN NAME NAME 2700 N.E. 27+4 CT. 13224 W. BROWARD BLVD. STREET ADDRESS STREET ADDRESS 33306 FORT LAUDERDALE, FL 33325 CITY-ST-ZIP LAHO.FL. CITY-ST-ZIP Addition Change TITLE MGR Delete TITLE GARRAHAN, LINDA NAME NAME STREET ADDRESS 600056628576 06/28/05--004 \*\*\$0.00 STREET ADDRESS 13224 W. BROWARD BLVD. FORT LAUDERDALE, FL 33325 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TELLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 3170 5 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE , NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP 11. I hereby certify that the information supplied with this filling does not qualify 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 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. 6/20/05 305-811

VING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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