


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90037 042 \*\*\*\*50.00

<b>DOCUMENT # L04000031451</b> 1. Entity Name MY LENDER AND I L.L.C.																											
Principal Place of Business 16057 TAMPA PALMS BLVD. WEST SUITE 378 TAMPA, FL 33647		Mailing Address 16057 TAMPA PALMS BLVD. WEST SUITE 378 TAMPA, FL 33647																									
2. Principal Place of Business Suite, Apt. #, etc. 286 City & State SUNNY ISLES BEACH Zip 33160 Country U.S.A.		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																									
4. FEI Number 03022005 Chg-LLC CR2E083 (10/03)		Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent FARHAD, FAREID 16057 TAMPA PALMS BLVD. WEST SUITE 378 TAMPA, FL 33647																									
7. Name and Address of New Registered Agent Name FAREID FARHAD Street Address (P.O. Box Number is Not Acceptable) 16850-112 COLLINS AVE, # 286 City SUNNY ISLES BEACH FL Zip Code 33160		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 FAREID FARHAD (Signature) Mar 10/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																									
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">MGRM</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FARHAD, FAREID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16057 TAMPA PALMS BLVD. WEST, STE 378</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33647</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	FARHAD, FAREID		STREET ADDRESS	16057 TAMPA PALMS BLVD. WEST, STE 378		CITY-ST-ZIP	TAMPA, FL 33647		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">16850-112 COLLINS AVE, # 286</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SUNNY ISLES BEACH, FL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>33160</td> <td></td> </tr> </table>		TITLE	16850-112 COLLINS AVE, # 286	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SUNNY ISLES BEACH, FL		STREET ADDRESS			CITY-ST-ZIP	33160	
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11. I hereby certify that the information supplied with this filing 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.																											
SIGNATURE: FAREID FARHAD (Signature) Mar 10/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											

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