


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000075162 1. Entity Name 5845 LOAN LLC	
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Principal Place of Business 1637 SOUTHWEST 8 STREET MIAMI, FL 33135 US	Mailing Address 1637 SOUTHWEST 8 STREET MIAMI, FL 33135 US
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**DO NOT WRITE IN THIS SPACE**



04122007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1961252	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

CALDERON, LISSETTE  
 1637 SW 8TH ST  
 MIAMI, FL 33135

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LMC CONSULTING GROUP INC. 1637 SW 8TH ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000715062  
 04/27/07-80048-011 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  **2/13/07** **305-285-1418**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #