2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075245

Entity Name: POINT LENDING, LLC

Title:

Name:

Address:

City-St-Zip:

MGR

() Delete

JENNINGS, RICHARD

BRANDON, FL 33511

1734 SCOTCH PINE DRIVE

FILED Jul 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 205 1ST STREET SOUTH 1022 W. MLK BLVD WINTER HAVEN, FL 33880 SEFFNER, FL 33584 **Current Mailing Address: New Mailing Address:** 205 1ST STREET SOUTH 1-22 W. MLK BLVD WINTER HAVEN, FL 33880 SEFFNER, FL 33584 FEI Number: 20-0330409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JENNINGS, RICHARD 1734 SCOTCH PINE DRIVE BRANDON, FL 33511 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete JENNWELL CORP. Name: Name: Address: 1734 SCOTCH PINE DRIVE Address: BRANDON, FL 33511 City-St-Zip: City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: JENNINGS, GREGORY Name: Address: 25 LAKE AVE. Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition NOLEN, RYAN Name: NOLEN, RYAN Name: 1909 N ELOISE AVE. 1909 N LAKE ELOISE DR Address: Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33884

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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: RICHARD JENNINGS MGR 07/11/2005