

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000093582

FILED
Jan 28, 2008
Secretary of State**Entity Name:** R.E.A.L. LENDING AND MARKETING SERVICES LLC**Current Principal Place of Business:**9001 NW 178 STREET
MIAMI, FL 33169 US**New Principal Place of Business:**290 NW 183RD ST
MIAMI, FL 33169 US**Current Mailing Address:**20641 NW 10 AVENUE
MIAMI, FL 33169 US**New Mailing Address:**290 NW 183RD ST
MIAMI, FL 33169 US**FEI Number:** 20-2160814**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LINDEMAN, JON B
20641 NW 10 AVNUE
MIAMI, FL 33169 US**Name and Address of New Registered Agent:**LINDEMAN, JON B
515 EAST LAS OLAS BLVD,
850
FORT LAUDERDALE, FL 33301 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: JON B LINDEMAN JR., ESQ

01/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: PRES () Delete
Name: LINDEMAN, EPHIGNIA K
Address: 20641 NW 10 AVENUE
City-St-Zip: MIAMI, FL 33169 USTitle: MGR () Delete
Name: AQUINO, MELBA
Address: 3301 ACAPULCO DRIVE
City-St-Zip: HOLLYWOOD, FL 33023 US**ADDITIONS/CHANGES:**Title: PRES (X) Change () Addition
Name: LINDEMAN, EPHIGNIA K
Address: 9001 NW 178 STREET
City-St-Zip: MIAMI, FL 33018 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EPHIGNIA K. LINDEMAN

PRES

01/28/2008

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