

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033606

FILED
Apr 13, 2007
Secretary of State

Entity Name: BUILDER LENDING GROUP, LLC

Current Principal Place of Business:

4190 BELFORT ROAD STE 475
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4190 BELFORT ROAD STE 475
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-2635216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE STE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Title: MS. () Delete
Name: LINDA H. SHERRER,
Address: 4190 BELFORT RD., SUITE 475
City-St-Zip: JACKSONVILLE,, FL 32216

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MR. () Change (X) Addition
Name: ARNOLD, CHARLES V.PRES
Address: 4190 BELFORT RD., SUITE 475
City-St-Zip: JACKSONVILLE, FL 32216

Title: MS. () Change (X) Addition
Name: HILL, CAROL A TREAS.
Address: 4190 BELFORT RD., SUITE 475
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA H. SHERRER

MS.

04/13/2007

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