# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# L05000058543

**Entity Name:** HARVARD LENDING SERVICES LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

4000 HOLLYWOOD BOULEVARD
SUITE 735 SOUTH TOWER
HOLLYWOOD, FL 330216755

**New Principal Place of Business:**

**Current Mailing Address:**

4000 HOLLYWOOD BOULEVARD
SUITE 735 SOUTH TOWER
HOLLYWOOD, FL 330216755

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GABLE, MICHAEL P
4000 HOLLYWOOD BOULEVARD
SUITE 735 SOUTH TOWER
HOLLYWOOD, FL 330216755 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: MGR ( ) Delete
Name: GABLE, MICHAEL P
Address: 4000 HOLLYWOOD BOULEVARD, STE 735 SO TOWER
City-St-Zip: HOLLYWOOD, FL 330216755

Title: MGR ( ) Delete
Name: ROLDAN, MANUEL
Address: 4000 HOLLYWOOD BOULEVARD, STE 735 SO TOWER
City-St-Zip: HOLLYWOOD, FL 330216755

**ADDITIONS/CHANGES:**

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

Title: ( ) 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: MANUEL ROLDAN MGR 04/29/2009

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