

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067832

Entity Name: PRINCIPLE LENDING, LLC

FILED
Feb 22, 2006
Secretary of State

Current Principal Place of Business:

751 OAK ST
SUITE 301
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

751 OAK ST
SUITE 301
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 20-3121859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMARAZ, JEREMY
11439 EMMA OAKS LN
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

NEWCOMB, PATRICK
1417 PERTH RD.
JACKSONVILLE, FL 32221 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: PATRICK NEWCOMB

02/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALMARAZ, JEREMY
Address: 11439 EMMA OAKS LN
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: MGR () Delete
Name: NEWCOMB, PATRICK
Address: 1417 PERTH RD
City-St-Zip: JACKSONVILLE, FL 32221 US

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: NEWCOMB, PATRICK
Address: 1417 PERTH RD.
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: COO (X) Change () Addition
Name: STOKES, LUKE
Address: 1626 N LIBERTY ST.
City-St-Zip: JACKSONVILLE, FL 32206 US

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: PATRICK NEWCOMB

CEO

02/22/2006

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