

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076048

Entity Name: C. H. LENDING, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

9545 NORTH FLORIDA AVE.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

9545 NORTH FLORIDA AVE.
TAMPA, FL 33612

New Mailing Address:

FEI Number: 20-8929279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGES, G TODD ESQ.
9545 N FLORIDA AVENUE
TAMPA, FL 33612 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: MGRM () Delete
Name: HODGES, GEOFFREY T
Address: 9545 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33612

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAIRE, MARY K
Address: 9545 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33612

Title: MGR () Change (X) Addition
Name: HAIRE, ERNEST B III
Address: 9545 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33612

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: ERNEST B. HAIRE, III

MGR

04/30/2009

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