

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90051 012 ***138.75

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DOCUMENT # L05000086720					
1. Entity Name LENDHOLDERS TRUST LLC					
Principal Place of Business PO BOX 67261 ST PETERSBURG, FL 33736 US			Mailing Address PO BOX 55368 SAINT PETERSBURG, FL 33732 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3399083	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WINEBRENNER, JACK M 8950 DR MARTIN LUTHER KING ST N. STE 130 SAINT PETERSBURG, FL 33702			Name Street Address (P.O. Box Number is Not Acceptable) 1384 - 54th AVE NE City St Petersburg FL Zip 33703		
address change only			address change only		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State		DATE _____	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MBR BERGERMAN, ARIEL PO BOX 67261 ST PETERSBURG, FL 33736	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MBR BUNS, ETHEL PO BOX 67261 ST PETERSBURG, FL 33736	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MBR BUNS, ETHEL PO BOX 67261 ST PETERSBURG, FL 33736	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	MBR BUNS, ETHEL PO BOX 67261 ST PETERSBURG, FL 33736	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____		Ariel Bergerman		4/24/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	