


FILED  
Aug 16, 2007 8:00 am  
Secretary of State

07-16-2007 90040 049 \*\*\*\*55.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|  |  |  |  |
|--|--|--|--|
| DOCUMENT # L05000095246  |  |   |  |
| 1. Entity Name<br>POINT LENDING, USA, LLC  |  |  |  |
| Principal Place of Business<br>7926 CAUSEWAY BLVD. N.<br>SAINT PETERSBURG, FL 33707  |  | Mailing Address<br>7926 CAUSEWAY BLVD. N.<br>SAINT PETERSBURG, FL 33707  |  |
| 2. Principal Place of Business - No P.O. Box #<br>6500 Central Ave   |  | 3. Mailing Address<br>P.O. Box 10791   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |
| City & State<br>St. Petersburg, FL   |  | City & State<br>St. Petersburg, FL   |  |
| Zip<br>33707   |  | Zip<br>33733   |  |
| Country<br>Pinellas  |  | Country<br>Pinellas  |  |
| 6. Name and Address of Current Registered Agent<br>SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code         |  |
| 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.<br>SIGNATURE <u>Sherril Frazier</u> DATE <u>7-5-07</u><br>(NOTE: Registered Agent signature required when re-registering)  |  |  |  |
| Filing Fee is \$50.00<br>Due by September 14, 2007   |  | Make check payable to<br>Florida Department of State   |  |
| 9. MANAGING MEMBERS / MANAGERS   |  | 10. ADDITIONS / CHANGES  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>MGR<br>FRAZIER, SHERRIL<br>735 ARLINGTON AVENUE NORTH, SUITE 104<br>SAINT PETERSBURG, FL 33701   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>Member<br>Pamela Osterlander<br>7926 Causeway Blvd. N.<br>St. Petersburg, FL 33707 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>MGR<br>PAYNE, MICHAEL J<br>735 ARLINGTON AVENUE NORTH, SUITE 104<br>SAINT PETERSBURG, FL 33701   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>MGR<br>Sherril Frazier<br>6500 Central Ave<br>St. Petersburg, FL 33707             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |
| 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: <u>Sherril Frazier</u>  |  | Date <u>7-5-07</u> Daytime Phone # <u>727-823-8579</u>   |  |

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