


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90136 045 ****50.00

DOCUMENT # L05000103057	
1. Entity Name FULL SPECTRUM LENDING, LLC	

Principal Place of Business 300 SOUTH WASHINGTON AVENUE TITUSVILLE, FL 32796	Mailing Address 300 SOUTH WASHINGTON AVENUE TITUSVILLE, FL 32796
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20005956



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01262007 Chg-LLC CR2E083 (12/06)

City & State	City & State
Zip Country	Zip Country

4. FEI Number
20-3693397

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVID, WILLIAM J
300 SOUTH WASHINGTON AVENUE
TITUSVILLE, FL 32796**

7. Name and Address of New Registered Agent

Name **Roxanne Knox-Martinolich**
Street Address (P.O. Box Number is Not Acceptable)
3050 Old Dixie Hwy
Mims
City **FL** Zip Code **32754**

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 *Roxanne Knox-Martinolich* **3/7/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, WILLIAM J 2845 FAWN LAKE BLVD. MIMS, FL 32754 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, PAMELA JO P.O. BOX 116 MIMS, FL 32754 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNOX-MARTINOLICH, ROXANNE 3050 OLD DIXIE HWY MIMS, FL 32754 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

SIGNATURE: *Roxanne Knox-Martinolich* **3/7/07** **321-264-3988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #