

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123197

FILED
Jul 22, 2008
Secretary of State

Entity Name: INTERNATIONAL LENDING , LLC

Current Principal Place of Business:

9050 PINES BOULEVARD
SUITE 370
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

9050 PINES BLVD
SUITE 370
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 75-3206526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FORGET, ESTHER M
3240 SW 40 AVENUE
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

FORGET, ESTHER M
9050 PINES BLVD
370
PEMBROKE PINES, FL 33024 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: ESTHER M. FORGET

07/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FORGET, ESTHER M
Address: 3240 SW 40 AVENUE
City-St-Zip: HOLLYWOOD, FL 33020

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FORGET, ESTHER M
Address: 9050 PINES BLVD, SUITE 370
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR () Change (X) Addition
Name: FORGET, JOHN A
Address: 2608 NW 58 AVENUE
City-St-Zip: JENNINGS, FL 32053

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: ESTHER M. FORGET

MGRM

07/22/2008

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