

**2009 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

09 SEP 28 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000123197			
1. Entity Name INTERNATIONAL LENDING, LLC			
Principal Place of Business 9050 PINES BOULEVARD SUITE 370 PEMBROKE PINES, FL 33024		Mailing Address 9050 PINES BLVD SUITE 370 PEMBROKE PINES, FL 33024	
2. Principal Place of Business - No P.O. Box 5200 N Federal Hwy N. Federal Highway Suite 2-1055 Fort Lauderdale FL 33308		3. Mailing Address 5200 N Federal Highway Suite 2-1055 Fort Lauderdale FL 33308	
City & State Fort Lauderdale FL		City & State Fort Lauderdale FL	
Zip 33308		Zip 33308	
Country USA		Country USA	
5. Name and Address of Current Registered Agent FORGET, ESTHER M 9050 PINES BLVD 370 PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent Name: ESTHER M. Forget Street Address (P.O. Box Number is Not Applicable) 5200 N Federal Highway Suite 2-1055 Fort Lauderdale FL 33308	
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: Esther M. Forget		DATE: September 28, 2009	
FILE NOW!!! FEE IS \$133.75 Due by September 28, 2009		In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: FORGET, ESTHER M STREET ADDRESS: 9050 PINES BLVD, SUITE 370 CITY-ST-ZIP: PEMBROKE PINES, FL 33024		TITLE: MGRM NAME: ESTHER M Forget STREET ADDRESS: 5200 N Federal Highway CITY-ST-ZIP: Fort Lauderdale FL 33308	
TITLE: MGR NAME: FORGET, JOHN A STREET ADDRESS: 2608 NW 36 AVENUE CITY-ST-ZIP: JENNINGS, FL 32053		TITLE: NO change	
TITLE: NO change		TITLE: 700133205057	
TITLE: NO change		TITLE: 07/24/08-60073-020-#133.75	
TITLE: NO change		TITLE: 07/24/08-60073-020-#133.75	
TITLE: NO change		TITLE: 07/24/08-60073-020-#133.75	
TITLE: NO change		TITLE: 07/24/08-60073-020-#133.75	
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: Esther M. Forget		DATE: 9/28/09	