

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005385

Entity Name: THE LENDING TEAM, LLC

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

13447 99TH AVE.
SEMINOLE, FL 33776 US

New Principal Place of Business:

151 107TH AVE.
TREASURE ISLAND, FL 33706 US

Current Mailing Address:

13447 99TH AVE.
SEMINOLE, FL 33776 US

New Mailing Address:

151 107TH AVE. STE. 9
TREASURE ISLAND, FL 33706 US

FEI Number: 20-4132673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NASSERI, CALEB T
13447 99TH AVE.
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

NASSERI, CALEB T
151 107TH AVE. STE. 9
TREASURE ISLAND, FL 33706 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: C.T. NASSERI

01/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NASSERI, CALEB T
Address: 13447 99TH AVE.
City-St-Zip: SEMINOLE, FL 33776 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NASSERI, CALEB T
Address: 151 107TH AVE. STE. 9
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: MGRM () Change (X) Addition
Name: KASHELLA, ANDREW J JR.
Address: 151 107TH AVE. STE. 9
City-St-Zip: TREASURE ISLAND, FL 33706 US

I hereby certify that the information supplied with this filing does not qualify for the 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: C.T. NASSERI

MGRM

01/08/2007

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