

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000005385

**FILED**  
**Jun 23, 2009**  
**Secretary of State****Entity Name:** THE LENDING TEAM, LLC**Current Principal Place of Business:**19321 US HIGHWAY 19 N  
SUITE 408C  
CLEARWATER, FL 33764 US**New Principal Place of Business:****Current Mailing Address:**19321 US HIGHWAY 19 N  
SUITE 408C  
CLEARWATER, FL 33764 US**New Mailing Address:****FEI Number:** 20-4132673**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NASSERI, CALEB T  
19321 US HIGHWAY 19 N  
SUITE 408C  
CLEARWATER, FL 33764 US**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** NASSERI, CALEB T  
**Address:** 19321 US HIGHWAY 19 N  
**City-St-Zip:** CLEARWATER, FL 33764 US**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** MGRM ( ) Change (X) Addition  
**Name:** KASHELLA, ANDREW J  
**Address:** 19321 US HIGHWAY 19 N  
**City-St-Zip:** CLEARWATER, FL 33764 US

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: CALEB T NASSERI

MGRM

06/23/2009

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