

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011064

Entity Name: FLORIDA DIRECT LENDING LLC

FILED  
Apr 04, 2007  
Secretary of State

## Current Principal Place of Business:

22201 SW 87TH PLACE  
MIAMI, FL 33190 US

## New Principal Place of Business:

500 SE 15TH STREET  
STE 108  
FORT LAUDERDALE, FL 33316 US

## Current Mailing Address:

22201 SW 87TH PLACE  
MIAMI, FL 33190 US

## New Mailing Address:

500 SE 15TH STREET  
STE 108  
FORT LAUDERDALE, FL 33316 US

FEI Number: 20-4112058

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, ALAN P  
22201 SW 87TH PLACE  
MIAMI, FL 33190 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: MGR ( ) Delete  
Name: GONZALEZ, ALAN P  
Address: 22201 SW 87TH PL  
City-St-Zip: MIAMI, FL 33190 US

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

## ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition  
Name: GONZALEZ, ALAN P  
Address: 22201 SW 87TH PL  
City-St-Zip: MIAMI, FL 33190 US

Title: VP ( ) Change (X) Addition  
Name: GONZALEZ, CAROLYN  
Address: 22201 SW 87TH PL  
City-St-Zip: MIAMI, FL 33190 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: ALAN GONZALEZ

PRES

04/04/2007

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