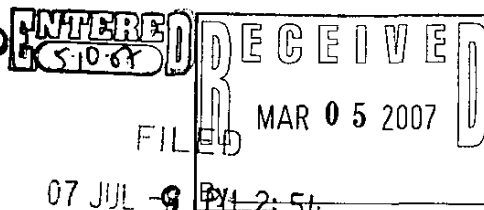


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000032944

1. Entity Name
LODER NOTE, LLC



Principal Place of Business
**POST OFFICE BOX 8768
MADEIRA BEACH FL 33708
US**

Mailing Address
**POST OFFICE BOX 8768
MADEIRA BEACH FL 33708
US**

2. Principal Place of Business - No P.O. Box #
1950 Lake Ave, SE
Suite, Apt. #, etc.
#B

3. Mailing Address
1950 Lake Ave, S.E.
Suite, Apt. #, etc.
#B

City & State
Largo, FL

City & State
Largo, FL

Zip
33771

Country
Pineles

Zip
33771

Country
Pineles

1st MOORE CR2E083 (10/06)

4. FEI Number
20-4873982

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LODER, JOHN
475 CENTRAL AVENUE
SUITE 205
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LODER, JOHN POST OFFICE BOX 8768 MADEIRA BEACH FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	1950 Lake Ave, S.E. #B Largo, FL 33771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Signature] <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	500105866135 07/10/07--01039--002 **500.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE: **April Charles** 5-1-07 (727) 581-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #