2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Feb 28, 2007 8:00 am Secretary of State **DOCUMENT # L06000038297** 02-28-2007 90150 028 ****50.00 1. Entity Name 3061 LENDERS LLC Principal Place of Business Mailing Address Ellatages 75 NE 6TH AVENUE 75 NE 6TH AVENUE SUITE 103 SUITE 103 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202007 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number City & State 20-4710352 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEINSTEIN, NORMAN S Street Address (P.O. Box Number is Not Acceptable) **75 NE 6TH AVENUE SUITE 103** DELRAY BEACH, FL 33483 City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR ☐ Delete ☐ Addition TITLE TITLE STATESIDE CAPITAL CORP. NAME NAME STREET ADDRESS 75 NE 6TH AVENUE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY - ST - ZIF TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 608, Florida Statutes.

Norman S. Weinstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/21/07

Date

561-278-9292

Daytime Phone #

FILED