## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Apr 03, 2008 08:00 Al Secretary of State **DOCUMENT # L06000061304** PRIVATE LENDER NETWORK, LLC Principal Place of Business Mailing Address 1708 FLOWER DRIVE 1708 FLOWER DRIVE US SARASOTA, FL 34239 SARASOTA, FL 34239 03112008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5080620 Not Applicable \$5.00 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent DO NOT WRITE HESTER, GORDON 1708 FLOWER DRIVE SARASOTA, FL 34239 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstaling) 1100000880373 FILE NOW!!! FEE IS \$138.75 04/15/08-80059-006 138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE HESTER, GORDON NAME STREET ADDRESS 1708 FLOWER DRIVE CITY-ST-ZIP SARASOTA, FL 34239 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing 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 that 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

Daytime Phone #