

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063148

FILED
Feb 16, 2009
Secretary of State

Entity Name: P3 LENDING, LLC

Current Principal Place of Business:

C/O HYPOWER, INC.
5913 NW 31ST AVENUE
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

C/O HYPOWER, INC.
5913 NW 31ST AVENUE
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 20-5089646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DENNIS D ESQ
TRIPP SCOTT, PA
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33309 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: PAUL-HUS, BERNARD
Address: 5913 NW 31ST AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MGRM () Delete
Name: PAUL-HUS, RICHARD
Address: 5913 NW 31ST AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MGRM () Delete
Name: PAUL-HUS, ERIC
Address: 5913 NW 31ST AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BERNARD PAUL-HUS

MGRM

02/16/2009

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