

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000068161

**FILED**  
**May 02, 2008**  
**Secretary of State****Entity Name:** TRUST LENDING GROUP, LLC**Current Principal Place of Business:**600 SW 99 AVENUE  
PEMBROKE PINES, FL 33025**New Principal Place of Business:****Current Mailing Address:**600 SW 99 AVENUE  
PEMBROKE PINES, FL 33025**New Mailing Address:****FEI Number:** 20-5173904**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MOYA, REYNALDO  
600 SW 99 AVENUE  
PEMBROKE PINES, FL 33025 US**Name and Address of New Registered Agent:**MOYA, LESLIE  
600 SW 99 AVENUE  
PEMBROKE PINES, FL 33025 US

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:** LESLIE MOYA

05/02/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** MOYA, REYNALDO  
**Address:** 600 SW 99 AVENUE  
**City-St-Zip:** PEMBROKE PINES, FL 33025**Title:** MGRM ( ) Delete  
**Name:** MOYA, LESLIE  
**Address:** 600 SW 99 AVENUE  
**City-St-Zip:** PEMBROKE PINES, FL 33025**Title:** MGRM ( ) Delete  
**Name:** MARTINEZ, JOSE  
**Address:** 7512 PEMBROKE ROAD  
**City-St-Zip:** MIRAMAR, FL 33023**ADDITIONS/CHANGES:****Title:** MGRM (X) Change ( ) Addition  
**Name:** MOYA, LESLIE  
**Address:** 600 SW 99 AVE  
**City-St-Zip:** PEMBROKE PINES, FL 33025**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:** LESLIE MOYA

MGRM

05/02/2008

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