


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90026 007 ****55.00

DOCUMENT # L06000069743	
1. Entity Name INTERNATIONAL COMMERCIAL LENDERS, LLC	

Principal Place of Business 1870 NW 106 TERR. PLANTATION, FL 33322	Mailing Address 1844 N NOB HILL RD #623 PLANTATION, FL 33322
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2. Principal Place of Business - No P.O. Box # 4142 MARINER BLVD #522	3. Mailing Address 4142 MARINER BLVD #522
Suite, Apt. #, etc. Spring Hill	Suite, Apt. #, etc. Spring Hill
City & State Florida	City & State Florida
Zip 34609	Country



04232007 Chg-LLC CR2E083 (12/06)

4. FEL Number 43-2108420	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FAIRMAN, DIANE 1844 N NOB HILL RD #623 PLANTATION, FL 33322	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAIRMAN, CHARLES 1844 N. NOB HILL RD #623 PLANTATION, FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAIRMAN, CHARLES 4142 MARINER BLVD #522 Spring Hill, FL 34609	<input checked="" type="checkbox"/> Change Address <input type="checkbox"/> Addition
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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 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: Charles Fairman **Charles FAIRMAN** 4-21-07 352-596-9554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #