## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**



FILED Jan 12, 2007 8:00 am Secretary of State

DOCUMENT # L06000079906  1. Entity Name PFG LENDING, LLC					01-12-2007 90029 036 ****50.00			
Principal Place of Business Mailing Address 100 JEFFERSON BLVD SUITE 100 100 JEFFERSON BLVD SUITE WARWICK, RI 02888 WARWICK, RI 02888					₩ U			
2 Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
2733 Post Road		2733 POST 1	2733 Post Ruad		B    B      B      B     B     B     B	RI ODIN NEDIB I ENID I ENI DUNI DUNIO DE		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		0108200	7 Chg-LLC	CR2E083 (12/06)		
City & Stat		City & State Worwick	RI	- 4. FEI Nui	nber - <i>0</i> 32 <i>5</i> 83	7	oplied For ot Applicable	
Zip 00-88	Country	2ip 0288-C	Country Keat		ate of Status Desired	S5.00 Add		
Coo	6. Name and Address of Cur		Real	7. Name a	nd Address of New I			
FILCO 111	ICIANO		Name				İ	
FILGO, LUCIANO 287 BALD EAGLE RUN			Street A	Street Address (P.O. Box Number is Not Acceptable)				
LAKE MAF	RY, FL 32746			<del></del> .				
			City			FL Zip Cod	le	
8. The above	named entity-submits this statementions of registered agent	ent for the purpose of changing its	registered office or	registered agent, or	both, in the State of F	orida. I am familiar with,	and accept	
	- Marine	1 hell	7			1/8/200	2	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOT)	E Banistarad Apant signal			DATE		
			E. Hagistered Agent signal	ure required when reinstating		DATE		
Fi	iling Fee is \$50.00 ue by May 1, 2007	у дентиния по	E Hospitaled Agent og in	ure required when reinstalling	Mat	ke check payable to a Department of Stat	e	
Pi D	iling Fee is \$50.00 ue by May 1, 2007 MANAGING ME	EMBERS/MANAGERS	10.		Mai Florid ADDITIONS	ke check payable to a Department of Stat		
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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 rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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