2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 28, 2007 8:00 am Secretary of State DOCUMENT # L06000090003 02-28-2007 90150 050 ****50.00 400 ÓRANGE LENDERS LLC Principal Place of Business Mailing Address 60019851 75 NE 6TH AVENUE **75 NE 6TH AVENUE** SUITE 103 SUITE 103 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202007 Chg-LLC CR2F083 (12/06) Applied For City & State 4. FEI Number City & State Not Applicable 20-5543654 Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEINSTEIN, NORMAN S Street Address (P.O. Box Number is Not Acceptable) 75 NE 6TH AVENUE SUITE 103 DELRAY BEACH, FL 33483 Zip Code 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 it applicable. (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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE Change | ☐ Addition TITLE ☐ Delete STATESIDE CAPITAL CORP. NAME NAME 75 NE 6TH AVENUE, SUITE 103 STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33483 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Norman S. Weinste signature and typed or printed name of signing managing member, manager, or authorized representative Weinstein

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Defete

☐ Delete

2/21/07

<u>561-278-9292</u>

Change

☐ Change

☐ Addition

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