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Apr 26, 2007 8:00 am
Secretary of State

04-11-2007 90160 001 ***150.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000092515

1. Entity Name
YTC LENDING LLC

30005780

01082007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
6261 NW 6TH WAY 201 FT LAUDERDALE, FL 33309	6261 NW 6TH WAY 201 FT LAUDERDALE, FL 33309
2. Principal Place of Business - No P.O. Box #: 1701 W Hillsboro Blvd	3. Mailing Address: 1701 W Hillsboro Blvd
Suite, Apt. #, etc.: 400	Suite, Apt. #, etc.: 400
City & State: Deerfield Beach, FL	City & State: Deerfield Beach, FL
Zip: 33442 Country: USA	Zip: 33442 Country: USA

4. FEI Number: 20-5583910 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAINES, HOWARD S 6261 NW 6TH WAY 201 FT LAUDERDALE, FL 33309	Name Street Address (P.O. Box Number is Not Acceptable): 1701 W Hillsboro Blvd #400 City: Deerfield Beach FL Zip Code: 33442

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: Howard S. Gaines 4/6/07
Signature, typed or printed name of registered agent and title if 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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAINES, HOWARD S 6261 NW 6TH WAY SUITE 201 FT LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1701 W Hillsboro Blvd #400 Deerfield Beach, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Howard S. Gaines 4/6/07 954-491-1932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #