


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90019 048 ***138.75

DOCUMENT # L06000092515	
1. Entity Name YTC LENDING LLC	

Principal Place of Business 1701 W HILLBORO BLVD 400 DEERFIELD BEACH, FL 33442	Mailing Address 1701 W HILLBORO BLVD 400 DEERFIELD BEACH, FL 33442
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2. Principal Place of Business - No P.O. Box # 2983 N. Powerline Rd Suite, Apt. #, etc.	3. Mailing Address 2983 N. Powerline Rd Suite, Apt. #, etc.
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City & State Pompano Beach FL	City & State Pompano Beach FL
Zip 33069	Zip 33069
Country USA	Country USA

6. Name and Address of Current Registered Agent GAINES, HOWARD S 1701 W. HILLSBORO BLVD #400 DEERFIELD BEACH, FL 33442	
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60030100



04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5583910	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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: 	DATE: 4/15/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAINES, HOWARD S 1701 W. HILLSBORO BLVD #400 DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Howard S. Gaines 2983 N. Powerline Rd Pompano Beach, FL 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <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:  Howard S. Gaines  904 439-8644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #