
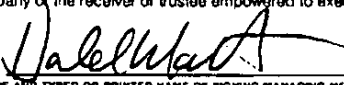


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

01-18-2007 90078 004 ****50.00

DOCUMENT # L06000095086 1. Entity Name CORE LENDING GROUP, LLC					
Principal Place of Business 25 S. 2ND STREET JACKSONVILLE BEACH, FL 32250			Mailing Address 25 S. 2ND STREET JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent JAMES A. NOLAN, P.A. 4114 HERSCHEL STREET, SUITE 105 JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
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 MCQUE, CARRIE 25 S. 2ND STREET JACKSONVILLE BEACH, FL 32250	<div style="text-align: right;"><input type="checkbox"/> Delete</div> <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATTHEWS, HAROLD 25 S. 2ND STREET JACKSONVILLE BEACH, FL 32250	<div style="text-align: right;"><input type="checkbox"/> Delete</div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="text-align: right;"><input type="checkbox"/> Delete</div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="text-align: right;"><input type="checkbox"/> Delete</div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="text-align: right;"><input type="checkbox"/> Delete</div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="text-align: right;"><input type="checkbox"/> Delete</div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					



01142007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5652709** Applied For Not Applicable

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