2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Feb 13, 2008 08:00 AM Secretary of State DOCUMENT # L06000095846 1. Entity Name VERO LENDING, LLC Principal Place of Business Mailing Address 3003 CARDINAL DRIVE 3003 CARDINAL DRIVE SUITE C SUITE C VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number 51-0610952 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARAVAGLIA, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 756 BEACHLAND BOULEVARD VERO BEACH FL 32963 City 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 Signatura, typed or printed name of registered agent and ittle if applicable (NOTE: Registered Agent signature required wiren reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Change Addition NAME PACKARD, WILLARD C NAME 3003 CARDINAL DRIVE, SUITE C STREET ADDRESS U000000826487 STREET ADDRESS 02/21/08-80051-021 138.75 CITY-ST-ZIF VERO BEACH FL 32963 CITY-ST-ZiP TITLE MGR Delete TITLE ☐ Change Addition NAME OFFUTT, HARRY C III NAME STREET ADDRESS 3003 CARDINAL DR STE C STREET ADDRESS CITY-ST-ZIF VERO BEACH FL 32963 CITY-ST-ZiP TITLE MGR Delete TITLE Change Addition NAME KIRKENDALL, HENRY NAME STREET ADDRESS STREET AUDRESS 3003 CARDINAL DR STE C CITY-ST-ZIP CITY-ST-7/P VERO BEACH FL 32963 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-Z:P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition ☐ Defete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

FILED

2/8/08 712-231-2100