

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111878

FILED  
Aug 02, 2007  
Secretary of State

Entity Name: CROSSCOUNTRY LENDING LLC

**Current Principal Place of Business:**

951 NE 167 STREET  
204  
MIAMI, FL 33162

**New Principal Place of Business:**

951 NE 167 STREET  
234  
MIAMI, FL 33162

**Current Mailing Address:**

951 NE 167 STREET  
204  
MIAMI, FL 33162

**New Mailing Address:**

951 NE 167 STREET  
234  
MIAMI, FL 33162

FEI Number: 38-3749659      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LOZIER, SHELLEY MANAGER  
5960 NW 14 PLACE  
SUNRISE, FL 33313      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LOZIER, SHELLEY  
Address: 5960 NW 14 PLACE  
City-St-Zip: SUNRISE, FL 33313

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHELLEY LOZIER

MGR

08/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date