

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111878

**FILED**  
**Mar 03, 2009**  
**Secretary of State**

**Entity Name:** CROSSCOUNTRY LENDING LLC

**Current Principal Place of Business:**

5960 NW 14TH PLACE  
SUNRISE, FL 33313

**New Principal Place of Business:**

1560 SAWGRASS CORPORATE PARKWAY  
SUITE 400  
SUNRISE, FL 33323 US

**Current Mailing Address:**

5960 NW 14TH PLACE  
SUNRISE, FL 33313

**New Mailing Address:**

1560 SAWGRASS CORPORATE PARKWAY  
SUITE 400  
SUNRISE, FL 33323 US

**FEI Number:** 38-3749659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

NEW LEVEL ENTERPRISE LLC  
1560 SAWGRASS CORPORATE PARKWAY  
SUITE 400  
SUNRISE, FL 33323 US

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: SHELLEY LOZIER

03/03/2009

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: MGR (X) Change ( ) Addition  
Name: LOZIER, SHELLEY  
Address: 5960 NW 14 PLACE  
City-St-Zip: SUNRISE, FL 33313 US

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

MGRM

03/03/2009

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