

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026066

FILED
Apr 14, 2009
Secretary of State

Entity Name: LUMAR CAPITAL LENDING, LLC

Current Principal Place of Business:

9485 SW 72 STREET
A-280
MIAMI, FL 33173 US

New Principal Place of Business:

9271 SW 76 STREET
MIAMI, FL 33173 US

Current Mailing Address:

13005 SW 76 TERRACE
MIAMI, FL 33183 US

New Mailing Address:

9271 SW 76 STREET
MIAMI, FL 33173 US

FEI Number: 14-1994391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUSTE, LUIS M
13005 SW 76 TERRACE
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

FUSTE, LUIS M
9271 SW 76 STREET
MIAMI, FL 33173 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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HUN, MARIA
Address: 9485 SW 72 STREET SUITE A-280
City-St-Zip: MIAMI, FL 33173 US

Title: MGR () Delete
Name: FUSTE, LUIS
Address: 9485 SW 72 STREET SUITE A-280
City-St-Zip: MIAMI, FL 33173 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HUN, MARIA
Address: 9271 SW 76 STREET
City-St-Zip: MIAMI, FL 33173 US

Title: MGR (X) Change () Addition
Name: FUSTE, LUIS
Address: 9271 SW 76 STREET
City-St-Zip: MIAMI, FL 33173 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: LUIS FUSTE

MGR

04/14/2009

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