

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092424

FILED
May 01, 2008
Secretary of State

Entity Name: 719 NORTH DIXIE LENDING, LLC

Current Principal Place of Business:

164 BENT TREE DRIVE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

164 BENT TREE DRIVE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

HILLEY & WYANT-CORTEZ, P.A.
860 U.S. HIGHWAY ONE
SUITE 108
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

BROWN, ALFRED
164 BENT TREE DRIVE
PALM BEACH GARDENS, FL 33418 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: ALFRED BROWN

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWN, ALFRED
Address: 164 BENT TREE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM () Delete
Name: BROWN, MAUREEN
Address: 164 BENT TREE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

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

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: ALFRED BROWN

MGRM

05/01/2008

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