

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90028 032 ***138.75

DOCUMENT # L07000105762					
1. Entity Name 1ST CAPITAL LENDING 1 LLC					
Principal Place of Business 5295 TOWN CENTER ROAD BOCA RATON, FL 33486			Mailing Address 5295 TOWN CENTER ROAD BOCA RATON, FL 33486		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-1260190	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARRAHAN, BRIAN 5295 TOWN CENTER ROAD BOCA RATON, FL 33486			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 VP	NAME GARRAHAN, LINDA		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5295 TOWN CENTER ROAD	CITY-ST-ZIP BOCA RATON, FL 33486			STREET ADDRESS	CITY-ST-ZIP
TITLE PRES	NAME GARRAHAN, BRIAN		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5295 TOWN CENTER ROAD	CITY-ST-ZIP BOCA RATON, FL 33486			STREET ADDRESS	CITY-ST-ZIP
TITLE MGRM	NAME MCMULLEN, PHIL		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5295 TOWN CENTER ROAD	CITY-ST-ZIP BOCA RATON, FL 33486			STREET ADDRESS	CITY-ST-ZIP
TITLE MGR	NAME PRINCIPE, ANNE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5295 TOWN CENTER ROAD	CITY-ST-ZIP BOCA RATON, FL 33486			STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
SIGNATURE:				4-30-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				561-392-7999 <small>Daytime Phone #</small>	