

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118669

FILED
Apr 21, 2009
Secretary of State

Entity Name: LLOYDS ASSET LENDING, LLC

Current Principal Place of Business:

515 N. FLAGLER DRIVE, SUITE 305
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

515 N. FLAGLER DRIVE, SUITE 305
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 26-1477345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURBAGE, MARNI G
601 HERITAGE DR
225
JUPITER,, FL 33458 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: MGRM () Delete
Name: GAUDINO, FRANK
Address: 255 MURCIA DRIVE, #210
City-St-Zip: JUPITER, FL 33458 US

Title: MGRM () Delete
Name: BURBAGE, MARNI
Address: 601 HERITAGE DRIVE, SUITE #202
City-St-Zip: JUPITER, FL 33458 US

Title: MGR () Delete
Name: BURBAGE, JAMES
Address: 515 N. FLAGLER DRIVE, SUITE 305
City-St-Zip: WEST PALM BEACH, FL 33401 US

ADDITIONS/CHANGES:

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

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: MARNI BURBAGE

MGRM

04/21/2009

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