

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000016892

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** CAPITAL LENDING ENTERPRISES, LLC

**Current Principal Place of Business:**

2504 CAPE CORAL PARKWAY  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

17751 STEVENS BLVD.  
FORT MYERS BEACH, FL 33931

**Current Mailing Address:**

2504 CAPE CORAL PARKWAY  
CAPE CORAL, FL 33914

**New Mailing Address:**

17751 STEVENS BLVD.  
FORT MYERS BEACH, FL 33931

**FEI Number:** 26-2049247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARC L. SHAPIRO, P.A.  
720 GOODLETTE ROAD N  
SUITE 304  
NAPLES, FL 34102 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  
Name: MULVANEY REVOCABLE LIVING TRUST AGREEMENT  
Address: 17751 STEVENS BLVD  
City-St-Zip: FORT MYERS BEACH, FL 33931

I hereby 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: SHARON J. MULVANEY, TRUSTEE

MGRM

01/19/2010

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