2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2009
Secretary of State

DOCUMENT# L08000056343

Entity Name: MOUNTAIN LENDING, LLC

Current Principal Place of Business:

9995 GATE PARKWAY NORTH, STE. 400
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

9995 GATE PARKWAY NORTH, STE. 400
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 26-2774136 **FEI Number Applied For ( )** **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:

RAX CO.
50 NORTH LAURA STREET, STE. 3300
JACKSONVILLE, FL 32202 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: FRENKEL, RAISSA
Address: 9995 GATE PARKWAY N SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM ( ) Change (X) Addition
Name: SISSELMAN, STEVEN
Address: 9995 GATE PARKWAY N SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM ( ) Change (X) Addition
Name: KAVALIEROS, THEODOROS
Address: 9995 GATE PARKWAY N SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM ( ) Change (X) Addition
Name: KAVALIEROS, NIKOLAOS
Address: 9995 GATE PARKWAY N SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM ( ) Change (X) Addition
Name: CURY, PHILLIP
Address: 9995 GATE PARKWAY N SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: MRGM ( ) Change (X) Addition
Name: CHATTIN, WILLIAM
Address: 9995 GATE PARKWAY N SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

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: NIKOLAOS KAVALIEROS MRGM 08/20/2009

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