2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2010
Secretary of State

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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 ( )**

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: MGRM
Name: FRENKEL, RAISSA
Address: 9995 GATE PARKWAY N SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

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

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

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

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

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

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 Statues.

SIGNATURE: WILLIAM CHATTIN MRGM 01/05/2010

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