

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000631

FILED
Mar 31, 2008
Secretary of State

Entity Name: MORTGAGE EQUITY LENDERS, LLC

Current Principal Place of Business:

20 PLEASANT RIDGE DRIVE, STE. B
OWINGS MILLS, MD 21117

New Principal Place of Business:

10323 CROSS CREEK BLVD
SUITE A
TAMPA, FL 33647

Current Mailing Address:

20 PLEASANT RIDGE DRIVE, STE. B
OWINGS MILLS, MD 21117

New Mailing Address:

10323 CROSS CREEK BLVD
SUITE A
TAMPA, FL 33647

FEI Number: 52-2095120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, ALFREDO
15116 SPRINGVIEW STREET
TAMPA, FL 33624 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: LEPPERT, CHRISTOPHER A
Address: 20 PLEASANT RIDGE DRIVE, STE. B
City-St-Zip: OWINGS MILLS, MD 21117

Title: MGR (X) Delete
Name: YOUNG, SARAH
Address: 10329 CROSS CREEK BOULEVARD #J
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEPPERT, CHRISTOPHER A
Address: 10323 CROSS CREEK BLVD SUITE A
City-St-Zip: TAMPA, FL 33647

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: CHRISTOPHER A LEPPERT

PRES

03/31/2008

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