

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90040 045 ****50.00

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1. Entity Name
BUSINESS LOAN CENTER, LLC

Principal Place of Business
**645 MADISON AVE., 19TH FLOOR
 NEW YORK, NY 10022**

Mailing Address
**645 MADISON AVE., 19TH FLOOR
 NEW YORK, NY 10022**

24001451



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
13-3568801

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
 NAME TANNENHAUSER, ROBERT
 STREET ADDRESS 645 MADISON AVE., 19TH FLOOR
 CITY-ST-ZIP NEW YORK, NY 10022

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGR Delete
 NAME GOLDSTEIN, JENNIFER
 STREET ADDRESS 645 MADISON AVE., 19TH FLOOR
 CITY-ST-ZIP NEW YORK, NY 10022

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGR Delete
 NAME SWEENEY, JOAN
 STREET ADDRESS 1919 PENNSYLVANIA AVE., NW
 CITY-ST-ZIP WASHINGTON, DC 20006

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGR Delete
 NAME DELDONNA, CHRISTINA
 STREET ADDRESS 1919 PENNSYLVANIA AVE., NW
 CITY-ST-ZIP WASHINGTON, DC 20006

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGR Delete
 NAME WALTON, WILLIAM
 STREET ADDRESS 1919 PENNSYLVANIA AVE., NW
 CITY-ST-ZIP WASHINGTON, DC 20006

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Michael Cohen

Michael Cohen

1-8-2004

212 751-5626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #