

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001573

FILED  
Feb 14, 2005  
Secretary of State

Entity Name: TRUE LENDING COMPANY, LLC

**Current Principal Place of Business:**

3350 PLAYERS CLUB PKWY  
110  
MEMPHIS, TN 38125

**New Principal Place of Business:**

**Current Mailing Address:**

3350 PLAYERS CLUB PKWY  
110  
MEMPHIS, TN 38125

**New Mailing Address:**

FEI Number: 62-1842357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STORY, PAYTON  
961 JASMINE DRIVE  
DELRAY BEACH, FL 33483 US

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

REGISTERED AGENTS LEGAL SERVICES, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE, FL 32303 US

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: MICHAEL ASHLEY

02/14/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MAYES, ROBERT E  
Address: 3350 PLAYERS CLUB PKWY/SUITE 110  
City-St-Zip: MEMPHIS, TN 38125

Title: MGR ( ) Delete  
Name: BROWN, RAYMOND L  
Address: 3350 PLAYERS CLUB PKWY/SUITE 110  
City-St-Zip: MEMPHIS, TN 38125

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAYMOND L. BROWN

MGR

02/14/2005

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