## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000447

Entity Name: NOLA LENDING GROUP, L.L.C.

**FILED** Apr 15, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1795 W CAUSEWAY #200 #4 SANCTUARY BLVD. SUITE MANDEVILLE, LA 70471

SUITE 201

MANDEVILLE, LA 70471

**Current Mailing Address: New Mailing Address:** 

#4 SANCTUARY BLVD 1795 W CAUSEWAY #200 MANDEVILLE, LA 70471 SUITE 201

MANDEVILLE, LA 70471

FEI Number: 71-0898827 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

COMPLIANCE CONSULTING CORPORATION OF FL 521 LAKE AVE, STE 4 LAKE WORTH, FL 33460 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

Title: () Delete (X) Change ( ) Addition NOEL. ASHTON NOEL, ASHTON Name: Name:

Address: 1795 W CAUSEWAY #200 Address: #4 SANCTUARY BLVD. SUITE 201

City-St-Zip: MANDEVILLE, LA 70471 City-St-Zip: MANDEVILLE, LA 70471

(X) Change ( ) Addition Title: MGR () Delete Title: MGR

Name: LANASA, RICHARD Name: LANASA, RICHARD Address: 1795 W CAUSEWAY #200 Address: # 4 SANCTUARY BLVD, SUITE #201

City-St-Zip: MANDEVILLE, LA 70471 City-St-Zip: MANDEVILLE, LA 70471

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: RICHARD LANASA MANA 04/15/2005