2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# M06000001578

Entity Name: CROSS COUNTRY LENDERS, LLC

Current Principal Place of Business:

39 NEW HAVEN ROAD
SEYMOUR, CT 06483

New Principal Place of Business:

4 RESEARCH DRIVE
SHELTON, CT 06484

Current Mailing Address:

39 NEW HAVEN ROAD
SEYMOUR, CT 06483

New Mailing Address:

4 RESEARCH DRIVE
SHELTON, CT 06484

FEI Number: 82-0567547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: DAWES, JAMES
Address: 39 NEW HAVEN ROAD
City-St-Zip: SEYMOUR, CT 06483

Title: MGRM ( ) Delete
Name: CHADWICK, GEOFFREY
Address: 39 NEW HAVEN ROAD
City-St-Zip: SEYMOUR, CT 06483

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DAWES, JAMES
Address: 4 RESEARCH DRIVE
City-St-Zip: SHELTON, CT 06484

Title: MGRM (X) Change ( ) Addition
Name: CHADWICK, GEOFFREY
Address: 4 RESEARCH DRIVE
City-St-Zip: SHELTON, CT 06484

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES DAWES MGRM 04/09/2007

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