## FILED Feb 19, 2008 8:00 am Secretary of State

2008	LIMITED LI	ABILI I Y	COMPANY
	ANNUA	L REPOR	<b>?T</b>
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DOCUMENT # 1. Entity Name OPTIMAL LENDER S					. 02-19-2008 90063 039 ***138.75	
Principal Place of Business 4425 PONCE DE LEON BLVD CORAL GABLES, FL 33146		Mailing Address 4425 PONCE DE LEON BLVD CORAL GABLES, FL 33146			60009112	
2. Principal Place of Business	- No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072008 Chg-LLC CR2E083 (12/06)	
City & State		City & State			4. FEI Number Applied For 20-8762531 Not Applicable	
Zip C	Country	Zip	Zip Country 5		5. Certificate of Status Desired	
6. Name and	d Address of Current F	Registered Agent		•	7. Name and Address of New Registered Agent	
CT CORPORATION SY	STEM			Name		
1200 SOUTH PINE ISL PLANTATIN, FL 33324	AND ROAD			Street Address	(P.O. Box Number is Not Acceptable)	
•				City	<b>□</b> Zip Code	
		the purpose of changing its	s registere		FL Zip Code agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered						
Signature, typed or pri	inted name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature require	od when reinstating) DATE	
FILE NOW!!! FEE After May 1, 2008 Fee					Make check payable to Florida Department of State	
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHANGES	
TITLE MGR	ID 5	☐ Delets	TITLE	M6	R/P S Change ☐ Addition	
NAME QUINT, DAVI	DE LEON BLVD		NAME	T ADDRESS Que	INT DAVID RIVE LTHEIR	
1	LES, FL 33146			ST-ZIP COR	INT. DAVID  15 Ponce de Leon Blod. 4Th FIR  15 PAREI FC 33141	
TITLE		☐ Delete	TITLE	I Sv/	7 ☐ Change ☐(Addition	
NAME STREET ADDRESS			NAME	T ADDRESS	Egner Rubert of 1/7 KIR	
CITY-ST-ZIP				ST-ZIP	25 PORCE de Leon Blud, 4th FIR.	
TITLE		☐ Delete	TITLE		S Change Addition	
NAME			NAME	Bon	STRIN BRIAN & RIN WITE FIR	
STREET ADDRESS CITY-ST-ZIP				TADORESS 446	STEIN BRIAN E Change DAddition STEIN BRIAN E  STEIN BRIAN E  STEIN BRIAN E  STEIN STEIN  STEIN S	
TITLE	<u> </u>	☐ Delete	TITLE		Change of Addition	
NAME		- Delete	NAME	Sch	waltz Jo Anna 177 FR 25 Ponce de Leun Bird, 477 FR	
STREET ADORESS : CITY-ST-ZIP			STREE	T ADDRESS 44	25 Ponce de Leun Bird, 4th F-MC	
TITLE		□ Delete	TITLE	Su/	RAL GABIOS, FC 33114	
NAME		C Delete	NAME	C. C.	chea John H.	
STREET ADDRESS					as tonce de cean loires	
CITY-SI-ZIP	<del></del>	Поль	CITY-S	ST-ZP COI	THE GABLES I- LA 33146	
TITLE NAME		☐ Delete	TITLE NAME	V	AINACIEVE CIL ATA FIR	
STREET ADDRESS				T ADDRESS 444	25 purce de Leon Diver, 7 7 File	
CITY-ST-ZIP	<del> </del>				RAC GABLES FZ 314P	
<ol> <li>I hereby certify that the infi indicated on this report is t limited liability company or</li> </ol>	ormation supplied with true and accurate and t r the receiver or trustee	this filing does not qualify for that my signature shall have empowered to execute this	r the exem the same report as	nptions contained legal effect as if r required by Chap	I in Chapter 119, Florida Statutes, I further certify that the information made under oath; that I am a managing member or manager of the oter 608, Florida Statutes.	
	[					
SIGNATURE:	WOED OF SERVICE LINES	SIGNING MANAGING MEMBER, MA	NAMES OF	UTUGAITES SCREEN	2K/108 305854 8886.	
SIGNATURE AND I	LU ON FRINTED NAME OF	BOITS TO NO		······································	ENTATIVE Date Daytime Phone #	

## ATTACHMENT

	ATTACHMENT		
	60009112		
10. OPTIMAL LEN	NDER SOLUTIONS, LLC NO M07000002021		
TITLE	SV	☐ Change	Addition ·
NAME	BOGGIANO, MICHAEL		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 <sup>TH</sup> I	FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V Change Addition
NAME	LOMINAC, EVE
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 <sup>TH</sup> FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33146

TITLE	V/AS	☐ Change	Addition
NAME	CARR, THOMAS		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4	TH FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V Change Addition
NAME	WILLIAMS, MARVIN
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 <sup>TH</sup> FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33146