2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# M08000001881

Entity Name: FORT LANE FINANCIAL GROUP, LLC

Current Principal Place of Business:

117 JANE CREEK
GENEVA, FL 32732

New Principal Place of Business:

2530 FORT LANE
GENEVA, FL 32732

Current Mailing Address:

117 JANE CREEK
GENEVA, FL 32732

New Mailing Address:

POB 1210
GENEVA, FL 32732

FEI Number: 26-1359444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALBAUGH, MITCH
655 W. MORSE BLVD., SUITE 212
CLARK & ALBAUGH LLP
WINTER PARK, FL 32789 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: MGR ( ) Delete
Name: COX, RICK
Address: 117 JANE CREEK
City-St-Zip: GENEVA, FL 32732

Title: MGR ( ) Delete
Name: COX, JUDY
Address: 117 JANE CREEK
City-St-Zip: GENEVA, FL 32732

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: COX, RICK
Address: 2530 FORT LANE ROAD
City-St-Zip: GENEVA, FL 32732

Title: MGR (X) Change ( ) Addition
Name: COX, JUDY
Address: 2530 FORT LANE ROAD
City-St-Zip: GENEVA, FL 32732

I hereby certify that the information supplied with this filing does not qualify 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: RICK COX MR. 05/11/2009

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