

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0068701

DOCUMENT # M97000000828

1. Entity Name
FALCON LENDING, L.C.



FILED

03 JAN 29 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
15 COMMERCIAL ROAD COMMERC ROAD
STAMFORD CT 06902

Mailing Address
15 COMMERCIAL ROAD COMMERC ROAD
STAMFORD CT 06902

2. Principal Place of Business
15 COMMERC ROAD

3. Mailing Address
15 COMMERC ROAD

Suite, Apt. #, etc.

City & State
STAMFORD, CT

City & State
STAMFORD, CT

Zip
06902

Country
USA

Zip
06902

Country
USA

4. FEI Number 06-1484806

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

000011125310
01/28/03--01032--022 **55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWARTZ, VERNON B 2015 WEST MAIN STREET STAMFORD CT 06902	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNT, JAMES K 1 SUNAMERICA CENTER, 38TH FLOOR LOS ANGELES CA 90067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAPHAM, JOHN G III 1 SUNAMERICA CENTER, 38TH FLOOR LOS ANGELES CA 90067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KARP, DAVID A 2015 WEST MAIN ST. STAMFORD CT 06092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAVALLIE, CHRISTOPHER 85 BROAD STREET NEW YORK NY 10004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABERG, PETER 85 BROAD STREET NEW YORK NY 10004	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	15 COMMERC ROAD STAMFORD CT 06902	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 Wilshire Blvd. SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15 COMMERC ROAD STAMFORD CT 06902	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE REQUIRED 1/16/03 203-388-0820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)