2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003313

Entity Name: FLORIDA COMMUNITY LOAN FUND, INC.

FILED Apr 04, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

3107 EDGEWATER DRIVE SUITE 2

ORLANDO, FL 32804 US

Current Mailing Address: New Mailing Address:

3107 EDGEWATER DRIVE SUITE 2 ORLANDO, FL 32804 US

FEI Number: 65-0545058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

FREEDMAN, DENISE

101 E KENNEDY

TAMPA, FL 33602 US

FREEDMAN, DENISE

3107 EDGEWATER DRIVE

SUITE 2

ORLANDO, FL 32804 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: 04/04/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BM () Delete Title: PD (X) Change () Addition Name: PETER, MCDOUGAL J Name: FREEDMAN, DENISE

Address: 8750 NW 36TH STREET Address: 3107 EDGEWATER DRIVE, STE 2

City-St-Zip: MIAMI, FL 33178 City-St-Zip: ORLANDO, FL 32804

Title: CD () Delete Title: VD (X) Change () Addition Name: FREEDMAN, DENISE Name: LEWIS, DEANA

Address: 101 E KENNEDY Address: 3107 EDGEWATER DRIVE, STE 2

City-St-Zip: TAMPA, FL 33602 City-St-Zip: ORLANDO, FL 32804

Title: SD () Delete Title: SD (X) Change () Addition Name: DEANA, LEWIS Name: CASEY, RICK

Address: 1193 WINDCHIME WAY Address: 3107 EDGEWATER DRIVE, STE 2

City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: ORLANDO, FL 32804

Title: BM () Delete Title: TD (X) Change () Addition

Name: NOBLE, CARLOS Name: MCDOUGAL, PETER J

Address: 800 BRICKELL AVE, 15TH FLOOR Address: 3107 EDGEWATER DRIVE, STE 2

City-St-Zip: MIAMI, FL 33131 City-St-Zip: ORLANDO, FL 32804

Name: AUGUSTIN, DOMINGUEZ Name: ESTEBAN, IGNACIO

Address: 300 NW 12TH AVENUE Address: 3107 EDGEWATER DRIVE, STE 2

City-St-Zip: MIAMI, FL 33128 City-St-Zip: ORLANDO, FL 32804

Title: BM (X) Delete Title: () Change () Addition Name: HUGHES, SHARON R Name:

Address: 220 E CENTRAL PWKY, # 3020 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip:

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IGNACIO ESTEBAN EXDR 04/04/2007

Electronic Signature of Signing Officer or Director

Date