2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

MME STREET ADDRESS CITY-51-709

03-30-2007 90039 021 ****50.00 DOCUMENT # L03000044393 1. Entity Name NNSL LOANS, LLC Mailing Address Principal Place of Business 1001 WEST CYPRESS CREEK RD, STE 320 1001 WEST CYPRESS CREEK RD, STE 320 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 01052007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1717594 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOBIL, JAMES DO NOT WRITE 1001 WEST CYPRESS CREEK RD, STE 320 FORT LAUDERDALE, FL 33309 IN THIS SPACE 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 Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent regnature required when reinstating) Signature hyped or printed name of registered agent and title if applicable DATE Filling Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NOBIL, JAMES 1001 WEST CYPRESS CREEK RD, STE 320 STREET ADDRESS FORT LAUDERDALE, FL 33309 CITY-ST-ZIP IME STREET ACCRESS CITY-S1-2(P TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7P TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-21P

FILED

Apr 11, 2007 8:00 am Secretary of State

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 each; 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.

JAMES HNOBIL SIGNATURE: Dayisme Phone #