

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064671

FILED  
Apr 18, 2006  
Secretary of State

**Entity Name:** ABSOLUTE LENDING SOURCE, LLC

**Current Principal Place of Business:**

776 WEST LUMSDEN RD. SUITE 101  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

776 WEST LUMSDEN RD. SUITE 101  
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number:** 74-3128923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POSTON, MELISSA  
4124 BARRETT AVENUE  
PLANT CITY, FL 33566 US

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

POSTON, MELISSA  
3039 GEM LUSTER CT.  
VALRICO, FL 33594 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: MELISSA POSTON

04/18/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: POSTON, MELISSA  
Address: 4124 BARRET AVENUE  
City-St-Zip: PLANT CITY, FL 33566

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: POSTON, MELISSA  
Address: 3039 GEM LUSTER CT.  
City-St-Zip: VALRICO, FL 33594

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 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: MELISSA POSTON

MGR

04/18/2006

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