

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065871

Entity Name: LENDING SOLUTIONS, LLC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

801 WEST BAY DRIVE
4TH FLOOR (409)
LARGO, FL 33770 US

Current Mailing Address:

P O BOX 3757
SEMINOLE, FL 337753757 US

New Principal Place of Business:

801 WEST BAY DRIVE
4TH FLOOR
LARGO, FL 33770 US

New Mailing Address:

FEI Number: 20-1595620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, RUTH E
801 WEST BAY DRIVE
4TH FLOOR (409)
LARGO, FL 33770 US

Name and Address of New Registered Agent:

O CONNOR & ASSOC
1250 S BELCHER ROAD
STE 160
LARGO, FL 33771 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: PATRICK O'CONNOR

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WELLS, RUTH E
Address: 801 WEST BAY DRIVE 4TH FLOOR (409)
City-St-Zip: LARGO, FL 33770 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOLTL, RUTH E
Address: 801 WEST BAY DRIVE 4TH FLOOR
City-St-Zip: LARGO, FL 33770 US

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: R E GOLTL

PRES

04/24/2006

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