2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# L06000089518

Entity Name: LOANOMICS LLC

Current Principal Place of Business:

2400 WEST CYPRESS CREEK ROAD,
SUITE 208
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

1151 NORTH FORT LAUDERDALE BEACH BLVD
SUITE 10D
FORT LAUDERDALE, FL 33304 US

Current Mailing Address:

2400 WEST CYPRESS CREEK ROAD,
SUITE 208
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

1151 NORTH FORT LAUDERDALE BEACH BLVD
SUITE 10D
FORT LAUDERDALE, FL 33304 US

FEI Number: 42-1703726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALINS, CHRIS
6524 NW 55 STREET
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHRIS, SALINS
Address: 6524 NW 55 STREET
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: MGRM ( ) Delete
Name: SHRUTI, ABROL
Address: 16572 NORTHWEST 9TH CT
City-St-Zip: PEMBROKE PINES, FL 33028 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: DENIS, SALINS
Address: 6524 NW 55 STREET
City-St-Zip: CORAL SPRINGS, FL 33067 US

I hereby certify that the information supplied with this filing does not qualify 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: CHRIS SALINS MR 01/21/2008

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