2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# L07000092031

Entity Name: EQUITY LENDING CONSULTANTS LLC

Current Principal Place of Business:

1347 RICHWOOD CIRCLE
ROCKLEDGE, FL 32955

New Principal Place of Business:

976 FOSTORIA DRIVE
MELBOURNE, FL 32940 US

Current Mailing Address:

1347 RICHWOOD CIRCLE
ROCKLEDGE, FL 32955

New Mailing Address:

976 FOSTORIA DRIVE
MELBOURNE, FL 32940 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: WALLACE, WILLIAM A
Address: 1347 RICHWOOD CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGRM ( ) Delete
Name: BOOKER, HAMPTON
Address: 1347 RICHWOOD CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition
Name: WALLACE, WILLIAM A
Address: 976 FOSTORIA DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Change ( ) Addition
Name: BOOKER, HAMPTON
Address: 976 FOSTORIA DRIVE
City-St-Zip: MELBOURNE, FL 32940

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: WILLIAM A WALLACE MGRM 03/25/2008

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