2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# M05000002356

Entity Name: NETWORK LENDING SOLUTIONS, LLC

Current Principal Place of Business:

3414 PEACHTREE ROAD NE, SUITE 1025
ATLANTA, GA 30326

New Principal Place of Business:

5555 TRIANGLE PARKWAY
SUITE 345
NORCROSS, GA 30092

Current Mailing Address:

3414 PEACHTREE ROAD NE, SUITE 1025
ATLANTA, GA 30326

New Mailing Address:

5555 TRIANGLE PARKWAY
SUITE 345
NORCROSS, GA 30092

FEI Number: 20-1868806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR ( ) Delete
Name: MCADAM, CHRISTOPHER L
Address: 5050 QUORUM DRIVE SUITE 312
City-St-Zip: DALLAS, TX 75254

Title: MGR ( ) Delete
Name: STANFORTH, JOHN B
Address: 3414 PEACHTREE ROAD NE, SUITE 1025
City-St-Zip: ATLANTA, GA 30326

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: STANFORTH, JOHN B
Address: 5555 TRIANGLE PARKWAY, SUITE 345
City-St-Zip: NORCROSS, GA 30092

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: JOHN B. STANFORTH PRES 04/10/2006

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