2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000006278

1. Entity Name

THE CREDIT UNION LOAN SOURCE, LLC



Principal Place of Business

Mailing Address

6705 SUGARLOAF PARKWAY, SUITE 200 DULUTH, GA 30097 6705 SUGARLOAF PARKWAY, SUITE 200 DULUTH, GA 30097 FILED
Jan 17, 2006 08:00 AM
Secretary of State



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01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 80-0117641 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303

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8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE			•		
01010110112	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	7.	
F	illing Fee is \$50.00 Due by May 1, 2006			Franço Franço	
9.	MÄNAGING MEMBERS/MANAGERS				
TITLE	MGR	. **			
NAME	DECINQUE, DONALD A			-	
STREET ADDRESS	6705 SUGARLOAF PARKWAY, SUITE 200	<u>.</u>			

CITY-ST-ZIP **DULUTH, GA 30097** MGR TITLE NAME FOLEY, RICK 6705 SUGARLOAF PARKWAY, SUITE 200 STREET ADORESS CITY-ST-ZIP DULUTH, GA 30097 MGR TITLE AYERS, CHARLOTTE NAME STREET ADDRESS 6705 SUGARLOAF PARKWAY, SUITE 200 CITY-ST-ZIP **DULUTH, GA 30097** TITLE MGR MERCER, MICHAEL J NAME STREET ADDRESS 6705 SUGARLOAF PARKWAY, SUITE 200 CITY-ST-ZIP DULUTH, GA 30097 TITLE NAME STREET ADDRESS

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77.	I Delega Certify that the information supplied with this filling does not duality for the exemptions contained in Chapter 410. Florida Chapter 1.5 with a chapter 410 florida Chapter 1.5 with a ch
	I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information
	indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing membra or manager of the invited binding accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing membra or manager of the
	and a managing member of the same and that my signature shall have the same ledge effect as it made finder path; that I am a managing member of manager of the
	limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.
	minios hasing company of the receiver of trastee embowered to execute this report as required by Chapter bias Florida Statistae
	The state of the s

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-9-2006

Daytime Phone #