

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002262

**FILED**  
**Apr 05, 2007**  
**Secretary of State**

**Entity Name:** CAPITALSOURCE ANALYTICS LLC

**Current Principal Place of Business:**

4445 WILLARD AVENUE, 12TH FLOOR  
ATTN: CAROLYN SILVA  
CHEVY CHASE, MD 20815

**New Principal Place of Business:**

**Current Mailing Address:**

4445 WILLARD AVENUE, 12TH FLOOR  
ATTN: CAROLYN SILVA  
CHEVY CHASE, MD 20815

**New Mailing Address:**

**FEI Number:** 52-2263033      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**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:** CAPITALSOURCE FINANC, E LLC  
**Address:** 4445 WILLARD AVENUE, 12TH FLOOR  
**City-St-Zip:** CHEVY CHASE, MD 20815

**ADDITIONS/CHANGES:**

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

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: CAPITALSOURCE FINANCE LLC, BY S.A. MUSELES      MGR      04/05/2007

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