2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0100002276

EAGLE CREDIT RESOURCES, L.L.C.



May 12, 2003 8:00 am Secretary of State

05-12-2003 90090 026 ****50.00

Principal Place of Business				Mailing Address					,						
2448 EAST 81ST STREET. SUITE 2450 TULSA OK 74137				2448 EAST 81ST STREET. SUITE 2450 TULSA OK 74137											
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2. Principal Place of Business				3. Mailing Address					ENN III O						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & State				City & State				4. FEI Num	nber	73-	15581	74	· <u>-</u>		pplied For lot Applicable
Zip	Country			Zip	ntry		5. Certificate of Status						5.00 Ac		
	6. Name	and Address of Current	Regis	tered Agent				7. Name a	nd Ado	dress	of New	Regist	ered A	gent	
C T CORPORATION SYSTEM						Name									
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Address (P.O. Box Number is Not Acceptable)										
					City					<u>. </u>		FL	Zip Coo	de	
8 The above	named entit	cubmits this statement for	r the n	surpose of changing its	register	od office of	ragistara	ad agent, or h	oth in	the St	ate of F	lorida		miliar with	and accent
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.															, and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title i	f applicable, (NOTE	: Registere	d Agent signatu	ure required v	when reinstating)	•				DATE		
-1				FILE NO	Will	FEE IS S	50.00		1						
• 4	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State														
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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:

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