
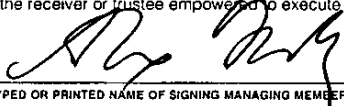


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 MAR 11 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000000267					
1. Entity Name ING FINANCE LLC					
Principal Place of Business 1325 AVENUE OF THE AMERICAS NEW YORK, NY 10019			Mailing Address 1325 AVENUE OF THE AMERICAS NEW YORK, NY 10019		
2. Principal Place of Business 11 Madison Avenue		3. Mailing Address 11 Madison Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State New York, NY		City & State New York, NY		4. FEI Number 03-0375410	
Zip 10010		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name N/A		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ING FINANCIAL HOLDINGS CORP. 1325 AVENUE OF THE AMERICAS NEW YORK, NY 10019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Credit Suisse First Boston (USA), Inc. 11 Madison Avenue New York, NY 10010	
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		<input type="checkbox"/> Delete		Manager Alexander A. Dubitsky 11 Madison Avenue New York, NY 10010	
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		<input type="checkbox"/> Delete		Manager Andrew J. Kaplan 11 Madison Avenue New York, NY 10010	
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		<input type="checkbox"/> Delete		Manager Caitlin F. Long 11 Madison Avenue New York, NY 10010	
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		<input type="checkbox"/> Delete		<div style="font-size: 1.2em; font-weight: bold;">900048498419</div> <div style="font-size: 0.8em;">03/16/05--01007--011 **50.00</div>	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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: 			Date: 3/7/05		Daytime Phone #: (212) 325-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #