2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

ANNUAL REPORT						EB PH 5:			
DOCUMENT # M9900000219						EB 7 PH 5: SSEE FLORID	`^		
1. Entity Name ALAMO FINANCING L.L.C.					TAJECRO	````			
ALAWO I	IIIAIIOIIIO E.E.O.		E CO		X41/3	14 S.	. ,		
Principal Plac	e of Business	Mailing Address		() () () () () () () () () ()	<i> </i>	SECOP ST.	10		
48 WALL STREET		48 WALL STREET		Y \ _/	CORTE				
NEW YORK, N	NY 10005	NEW YORK, NY 10005		1 7	M	104	1		
2 Principal C	land of Business		-1						
2. Principal Place of Business 6929 N. Lakewood Ave.		3. Mailing Address 6929 N. Lakewood Ave.		' 	i (ii) 				
Suite, Apt. #, etc. Suite 100 Mod 1.2 202		Suite Apt. #, etc. Suite 100 Mod 1.2 202		01122005	Chg-LLC	CR2E083 (10/03)		
City & State Tulsa, OK		City & State Tulsa, OK		4. FEI Numb 41-193				plied For t Applicable	
74117-1	Country	Zip 74117–1808	Country USA			of Status Desired		00 Add Required	itional
6. Name and Address of Current R		egistered Agent			7. Name and	Address of New Re			,
C T CORPORATION SYSTEM				Name					
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Stree	Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION, PL 33324								-	
			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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State									
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR	☐ Delete	TITLE	MG	SR .			Change	XX Addition
NAME STREET ADDRESS	FIORAVANTI, ALBERT J NAME 48 WALL STREE STREE			22	_	B. Abedine	* ***		
CITY-ST-ZIP	NEW YORK, NY 10005 CITY-					treet, 27tl -NY-10005-			
TITLE NAME	MGR FIGUOLDA, DELAUDS Delete TITLE NAM					00046	6599	Change 25	Addition
STREET ADDRESS CITY-ST-ZIP	47 WALL ST 27TH PL SIRE NEW YORK, NY 10005 CITY			ss	027	15/050106		**5()	.00
TITLE	ASVP	★ Delete	CITY-ST-ZIP	MG	:R		П	Change	XX Addition
NAME	GORDON, JILL	223 00.500	NAME	Ma	ry L. B		_	onwigo.	7,000,000
STREET ADDRESS CITY+ST-ZIP	47 WALL ST 27TH PL NEW YORK, NY 10005		STREET ADDRE	40		treet, 27tl	h Floor		
TITLE		☐ Defete	TITLE	Ne MG	_	NY 10005		Change	Addition
NAME STREET ADDRESS			NAME STREET ADORE	1.0	ori Gebr	on			•
CITY-ST-ZIP			CITY-ST-ZIP	ິ 48	3 Wall S	treet, 27th	h Floor		i
TITLE NAME		☐ Delete	TITLE	Ne	w York,	NY 1005		Change	Addition
STREET ADDRESS			NAME STREET ADORE	ss					
CITY-ST-ZIP			CITY+ST-ZIP				<u> </u>		
TITLE NAME		Detete	TITLE NAME					Change	☐ Addition
STREET ADDRESS			STREET ADDRE	SS					
11. Usereby	certify that the information supplied with	this filing does not qualify for the	CITY-\$I-ZIP	stated in So.	ction 119 07/21	(i) Florida Statutos I	further earlify the	at the !-	formation
11. 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.									
MATT A. MICHOC									
SIGNATURE: JOHN SIGNATURE AND TYPED ON EDWITTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #									
	7.7			nernede		Date	uayame	: I IUT IO #	