


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 FEB -7 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000219 1. Entity Name ALAMO FINANCING L.L.C.					
Principal Place of Business 48 WALL STREET NEW YORK, NY 10005			Mailing Address 48 WALL STREET NEW YORK, NY 10005		
2. Principal Place of Business 6929 N. Lakewood Ave.		3. Mailing Address 6929 N. Lakewood Ave.			
Suite, Apt. #, etc. Suite 100 Mod 1.2 202		Suite, Apt. #, etc. Suite 100 Mod 1.2 202			
City & State Tulsa, OK		City & State Tulsa, OK		4. FEI Number 41-1930028	
Zip 74117-1808		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 74117-1808		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name 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	MGR FIORAVANTI, ALBERT J 48 WALL STREE NEW YORK, NY 10005 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Benjamin B. Abedine 48 Wall Street, 27th Floor New York, NY 10005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIGUEROA, ORLANDO GIGUEROA, ORLANDO 47 WALL ST 27TH PL NEW YORK, NY 10005 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600046659326 02/15/05--01060--009 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP GORDON, JILL 47 WALL ST 27TH PL NEW YORK, NY 10005 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mary L. Brady 48 Wall Street, 27th Floor New York, NY 10005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lori Gebron 48 Wall Street, 27th Floor New York, NY 1005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 2/15/05 Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					