2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

NGUY, ALFRED C

3600 NW 82N AVE

MIAMI, FL 33166

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

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STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

Feb 05, 2004 8:00 am **Secretary of State DOCUMENT # L01000004449** 02-05-2004 90078 020 ****50.00 1. Entity Name RYDÉR RECEIVABLE FUNDING, L.L.C. Principal Place of Business Mailing Address 3600 N.W. 82ND AVENUE 3600 N.W. 82ND AVENUE MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 65-1087646 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'MEARA, VICKI A Street Address (P.O. Box Number is Not Acceptable) 3600 N.W. 82ND AVENUE MIAMI, FL 33166 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE □ Change ☐ Addition TITLE ☐ Delete SWIENTON, GREGORY T NAME NAME 3600 NW 82ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE VS ☐ Delete ☐ Change ☐ Addition O'MEARA, VICKI A NAME NAME 3600 NW 82N AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIF ☐ Change ☐ Addition TITLE Delete NAME SUSIK, W DANIEL NAME STREET ADDRESS 3600 NW 82N AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE

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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.

NAME

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NAME STREET ADDRESS

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STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

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RYDER RECEIVABLE FUNDINGS, L.L.C.

(Florida)

GREGORY T. SWIENTON

CORLISS J. NELSON

VICKI A. O'MEARA W. DANIEL SUSIK

DAVIDM. BEILIN_

ROBERT S. BRUNN ALFRED C. NGUY **PRESIDENT**

VICE PRESIDENT

VICE PRESIDENT & SECRETARY VICE PRESIDENT & TREASURER

ASSISTANT_SECRETARY_____

ASSISTANT TREASURER ASSISTANT TREASURER

3600 N. W. 82nd AVENUE MIAMI, FLORIDA 33166