## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000004449

1. Entity Name

RYDER RECEIVABLE FUNDING, L.L.C.

SIGNATURE: SIGNATURE AND TYPED OR PRINT



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90024 036 \*\*\*\*50.00

2/3/03

305-500-4690

Principal Plac	e of Business	Mailing Address								
3600 n.w. 82ni Miami Fl 33166		3600 N.W. 82ND AVENUE MIAMI FL 33166								
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State	City & State			nber <b>65-1087646</b>			oplied For ot Applicable	
Zip	Country	Zip	Country			5. Certificate of Status Desired Solution Status Desired Fee Required				
- ·- <del>-</del>	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New Regi	stered Aç	jent		
<b></b>			Name							
	eara, vicki a I n.w. 82nd avenue				Street Address (P.O. Box Number is Not Acceptable)					
	M FL 33166		- Chrost Madrod							
MIN	MITE 33100									
			_	City		<del></del>	FL	Zip Cod	e	
9 The above	named entity submits this statement for	or the nurness of changing it		d office or r	paintared agent or h	acts in the State of Florida		milior with	and accept	
	ions of registered agent.	or the purpose of changing it	s registeret	a once or r	egistered agent, or t	oon, in the state of Florida	ı. Talifiai	milai wim,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register					required when reinstating)		DATE	· · ·		
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		Make Check Payat								
		,	ue By May	_	artificial Of State					
	MANIACINIC MEMBER				·	ADDITIONS (CIT	ANICEC			
9.	MANAGING MEMBI		10.			ADDITIONS/CH	_	Channa	Addition	
TITLE NAME	SWIENTON, GREGORY T	☐ Delete	TITLE NAME				L	Change		
STREET ADDRESS	3600 NW 82ND AVE			T ADDRESS						
CITY-ST-ZIP	MIAMI FL 33166		CITY-S							
TITLE	VS	☐ Delete	TITLE					Change	Addition	
NAME	O'MEARA, VICKI A		NAME	ļ			_			
STREET ADDRESS	3600 NW 82N AVE		STREE	T ADDRESS					i	
CITY-ST-ZIP	MIAMI-FL-33166	eng transport to the second	. CITY-S	ST-ZIP		والمعاهد للمغير المادات	a		÷~	
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CITY-ST-ZIP	MIAMI FL 33166		CITY-S	ST-ZIP						
TITLE		☐ Delete	TITLE	1	AT		[	Change	<b>⊠</b> Addition	
NAME			NAME		UGUY, AIFR	ED C.			•	
STREET ADDRESS			STREET	T ADDRESS	3600 N.W	ED C. . 82ND AVE				
CITY-ST-ZIP			CITY-S	ST-ZIP	MiAmi - F	1. 33166				
TITLE		☐ Delete	TITLE			· ·		Change	☐ Addition	
NAME			NAME							
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CITY-ST-ZIP	·		CITY-S	ST-ZIP						
TITLE		☐ Delete	TITLE				[	Change	☐ Addition	
NAME			NAME	1						
STREET ADDRESS			STREET	T ADDRESS						
CITY-ST-ZIP			CITY-S	ST-ZIP						
indicated	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	l that my signature shall have	the same l	legal effect	as if made under oa	th; that I am a managing	her certify member (	that the ir or manage	nformation r of the	

D NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE