

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069111

FILED
May 04, 2007
Secretary of State

Entity Name: RUSSETT FINANCE SERVICES USA, LLC

Current Principal Place of Business:

RUSSET FARM
WOODCHURCH,
KENT, UK TN26 3QW

New Principal Place of Business:

STABLE MEWS, CHART PLACE
CHURCH ROAD, CHART SUTTON
KENT, UK ME17 3RE UK

Current Mailing Address:

RUSSET FARM
WOODCHURCH,
KENT, UK TN26 3QW

New Mailing Address:

STABLE MEWS, CHART PLACE
CHURCH ROAD, CHART SUTTON
KENT, UK ME17 3RE UK

FEI Number: 98-0435913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BLACK, CHERYL S
316 EAST PINE STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

BLACK, CHERYL S
545 DELANEY AVE
BUILDING 3
ORLANDO, FL 32801 US

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.

SIGNATURE:

05/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WOOSEY, DEREK E
Address: RUSSETT FARM, WOODCHURCH
City-St-Zip: KENT,, UK TN26 3QW UK

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WOOSEY, DEREK E
Address: STABLE MEWS, CHART PLACE, CHURCH RD
City-St-Zip: CHART SUTTON, KENT, UK ME17 3RE UK

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEREK E WOOSEY

MR

05/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date