


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-03-2006 90074 019 ****50.00

DOCUMENT # L05000053650			
1. Entity Name GM FINANCIAL HOLDINGS, LLC			
Principal Place of Business C/O ADAM R. SCHIFFMAN, P.A. 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180		Mailing Address C/O ADAM R. SCHIFFMAN, P.A. 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <i>71A</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHIFFMAN, ADAM R ESQ 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180		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)			
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHIFFMAN, ADAM R ESQ 2999 N.E. 191 STREET, #900 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Chapter 119, 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: <i>[Signature]</i>		H. Lang Trauger 03/26/06 305-332-0750	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

ATTACHMENT

30005535

ADAM R. SCHIFFMAN, P.A.

ATTORNEYS AT LAW

CONCORDE CENTRE II • SUITE 900
2999 NORTHEAST 191 STREET
AVENTURA, FLORIDA 33180

DADE (305) 682-1328
FAX (305) 682-0063

ADAM R. SCHIFFMAN

April 17, 2006

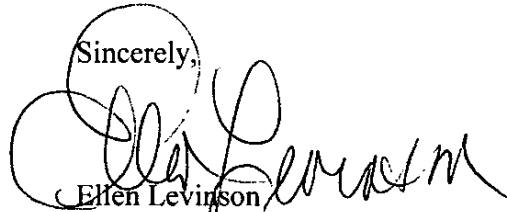
Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314
Attention: Annual Reports Section

Re: ~~GM Financial Holdings, LLC~~
L05000053650

In accordance with your instructions I called the Internal Revenue Service who advised that a single member of a limited liability company does not need a Federal Employer Identification number. Therefore I have put n/a in block 4.

Should you need anything further, please do not hesitate to contact me. Thank you for your attention to this matter.

Sincerely,



Ellen Levinson
Legal Assistant