

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90013 009 \*\*\*\*50.00

**DOCUMENT # M00000000266**

1. Entity Name

REGENCY CREDIT, L.L.C.



Principal Place of Business

4246 E WOOD ST  
STE 500  
PHOENIX AZ 85040

Mailing Address

4246 E WOOD ST  
STE 500  
PHOENIX AZ 85040

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

86-0832994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPRECHMAN, STEVEN B  
2775 SUNNY ISLES BLVD  
SUITE 100  
MIAMI FL 33160-4007

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME SCHWARTZ, FRANK  
STREET ADDRESS 4246 E WOOD ST, STE 500  
CITY-ST-ZIP PHOENIX AZ 85040

TITLE MGRM ☐ Delete  
NAME MONASHKIN, SHELDON  
STREET ADDRESS 4246 E WOOD ST, STE 500  
CITY-ST-ZIP PHOENIX AZ 85040

TITLE MGRM ☐ Delete  
NAME SCHWARTZ, ABBY  
STREET ADDRESS 4246 E WOOD ST, STE 500  
CITY-ST-ZIP PHOENIX AZ 85040

TITLE MGRM ☐ Delete  
NAME SCHWARTZ-HAMMER, LESLIE  
STREET ADDRESS 4246 E WOOD ST, STE 500  
CITY-ST-ZIP PHOENIX AZ 85040

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *x Sheldon Monashkin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Sheldon Monashkin* 4-30-04