## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M00000000266

Entity Name: REGENCY CREDIT, L.L.C.

FILED Jan 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4246 E WOOD ST 1403 W 10TH PLACE

STE 500 STE 110-B

PHOENIX, AZ 85040 TEMPE, AZ 85281 5:

Current Mailing Address: New Mailing Address:

4246 E WOOD ST 1403 W 10TH PLACE

STE 500 STE 110-B PHOENIX, AZ 85040 STE 20-8 TEMPE, AZ 85281

FEI Number: 86-0832994 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPRECHMAN, STEVEN B 2775 SUNNY ISLES BLVD SUITE 100 MIAMI, FL 331604007 US

MANAGING MEMBERS/MANAGERS:

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:

Electronic Signature of Registered Agent Date

Electronic Signature of Registered Age

ADDITIONS/CHANGES:

52

Fitle: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 SCHWARTZ, FRANK
 Name:
 SCHWARTZ, FRANK

 Address:
 4246 E WOOD ST, STE 500
 Address:
 1403 W 10TH PLACE, SUITE 110-B

City-St-Zip: PHOENIX, AZ 85040 City-St-Zip: TEMPE, AZ 85281

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name: MONASHKIN, SHELDON Name: MONASHKIN, SHELDON

Address: 4246 E WOOD ST, STE 500 Address: 1403 W 10TH PLACE SUITE 110-B City-St-Zip: PHOENIX, AZ 85040 City-St-Zip: TEMPE, AZ 85281

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: SCHWARTZ, ABBY Name: SCHWARTZ, ABBY

Address: 4246 E WOOD ST, STE 500 Address: 1403 W 10TH PLACE SUITE 110-B

City-St-Zip: PHOENIX, AZ 85040 City-St-Zip: TEMPE, AZ 85281

 Title:
 MGR
 ( ) Delete
 Title:
 MGR
 ( X) Change ( ) Addition

 Name:
 SCHWARTZ-HAMMER, LESLEY
 Name:
 SCHWARTZ-HAMMER, LESLEY

 Address:
 4246 E WOOD ST, STE 500
 Address:
 1403 W 10TH PLACE SUITE 110-B

City-St-Zip: PHOENIX, AZ 85040 City-St-Zip: TEMPE, AZ 85281

I hereby certify that the information supplied with this filing does not qualify for the 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: SHELDON MONASHKIN MGRM 01/18/2007