

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000266

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 29 PM 4:03

WL 10/07

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

\$0.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
SCHWARTZ, FRANK
4246 E WOOD ST, STE 500
CALERA AL 35040

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

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
Phoenix, AZ 85040

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

9-24-03

602-437-9940

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

Date

Daytime Phone #

CR2E083 (4/03)

0024114 MB