

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 15, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000000878****1. Entity Name**
FINANCIAL PACIFIC FUNDING, LLC

Principal Place of Business 3455 SOUTH 344 WAY AUBURN WA 98001	Mailing Address 3455 SOUTH 344 WAY AUBURN WA 98001
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2. Principal Place of Business 3455 SOUTH 344 WAY Suite, Apt. #, etc. SUITE 300	3. Mailing Address 3455 SOUTH 344 WAY Suite, Apt. #, etc. SUITE 300
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DO NOT WRITE IN THIS SPACE

City & State FEDERAL WAY WA	City & State FEDERAL WAY WA	4. FEI Number 91-1942599	Applied For <input type="checkbox"/> Not Applicable
Zip 98001	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.**SIGNATURE** _____ **01/15/2001**
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 Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGR
STREET ADDRESS		NAME	WINTER DALE A
CITY-ST-ZIP		STREET ADDRESS	3455 S 344TH WAY SUITE 300
		CITY-ST-ZIP	FEDERAL WAY WA 98001
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGR
STREET ADDRESS		NAME	SCHAEFER DAVID T
CITY-ST-ZIP		STREET ADDRESS	3455 S 344TH WAY SUITE 300
		CITY-ST-ZIP	FEDERAL WAY WA 98001
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	

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: DALE WINTER** **MGR** **01/15/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)