

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90194 050 ****50.00

DOCUMENT # M00000000923

1. Entity Name
WASHINGTON MUTUAL FINANCE, LLC



Principal Place of Business
8900 GRAND OAK CIRCLE
TAMPA, FL 33637-1050

Mailing Address
8900 GRAND OAK CIRCLE
TAMPA, FL 33637-1050

64001951



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004 Chg-LLC CR2E083 (10/03)

4. FEI Number

59-3637412

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME WASHINGTON MUTUAL FINANCE CORPORATION
STREET ADDRESS 8900 GRAND OAK CIRCLE
CITY-ST-ZIP TAMPA, FL 336371050

TITLE FVPS ☐ Change ☒ Addition
NAME Jerry T. Burditt
STREET ADDRESS 8900 Grand Oak Circle
CITY-ST-ZIP Tampa, FL 33637

TITLE P ☒ Delete
NAME GILBERT, DANIEL J
STREET ADDRESS 8900 GRAND OAK CIRCLE
CITY-ST-ZIP TAMPA, FL 336371050

TITLE SVP ☐ Change ☒ Addition
NAME Richard E. Goddard
STREET ADDRESS 8900 Grand Oak Circle
CITY-ST-ZIP Tampa, FL 33637

TITLE VPS ☒ Delete
NAME TRACY, DEBORAH ROSE
STREET ADDRESS 8900 GRAND OAK CIRCLE
CITY-ST-ZIP TAMPA, FL 336371050

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

TITLE SVD ☐ Delete
NAME GARDNER E. WHITING, III
STREET ADDRESS 8900 GRAND OAK CIRCLE
CITY-ST-ZIP TAMPA, FL 336371050

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

TITLE AS ☐ Delete
NAME THURSTON, BEVERLY
STREET ADDRESS 8900 GRAND OAK CIRCLE
CITY-ST-ZIP TAMPA, FL 336371050

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

TITLE ☐ Delete
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: *Beverly Thurston* Beverly Thurston

813-632-45555

Jan. 16, 2004

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

Date

Daytime Phone #