

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90008 048 \*\*\*\*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**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**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**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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, 2003**

**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 33637-1050

**TITLE** FVP & SECRETARY ☐ Change ☒ Addition  
**NAME** DEBORAH ROSE TRACY  
**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 33637-1050

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

**TITLE** SVSD ☒ Delete  
**NAME** GARNER, JAMES R  
**STREET ADDRESS** 8900 GRAND OAK CIRCLE  
**CITY-ST-ZIP** TAMPA FL 33637-1050

**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 33637-1050

**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 33637-1050

**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** 2/11/03 813-632-4555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)