


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-27-2004 90194 049 ****50.00

DOCUMENT # M00000000924					
1. Entity Name WASHINGTON MUTUAL FINANCE OF FLORIDA, 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		4. FEI Number 59-3637414	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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
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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR WASHINGTON MUTUAL FINANCE CORPORATION 8900 GRAND OAK CIRCLE TAMPA, FL 336371050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVPS Jerry T. Burditt <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8900 Grand Oak Circle Tampa, FL 33637		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILBERT, DANIEL J <input checked="" type="checkbox"/> Delete 8900 GRAND OAK CIRCLE TAMPA, FL 33637	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TRACY, DEBORAH ROSE <input checked="" type="checkbox"/> Delete 8900 GRAND OAK CIRCLE TAMPA, FL 336371050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GARDNER E. WHITING, III <input type="checkbox"/> Delete 8900 GRAND OAK CIRCLE TAMPA, FL 336371050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THURSTON, BEVERLY <input type="checkbox"/> Delete 8900 GRAND OAK CIRCLE TAMPA, FL 336371050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Beverly Thurston</i>			Beverly Thurston 2/2/04 813-632-4555		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		