2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0000001839

City-St-Zip: ST. PAUL, MN 55101

Entity Name: PREMIERE CREDIT OF NORTH AMERICA, LLC

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
2002 WEI	LLESLEY BLVI	D.		
STE. 100				
INDIANAP	POLIS, IN 4621	y		
Current Mailing Address:			New Mailing Address:	
STE. 100	LLESLEY BLVI			
INDIANAP	OLIS, IN 4621	9		
FEI Number: 35-2085743		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1201 HAY	ATION SERVIC S STREET SSEE, FL 323			
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both
SIGNATUI	RE:			
	Electror	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () WOLFE, TODD 2002 WELLES INDIANAPOLIS	LEY BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () HOEFT, DAVID 2002 WELLES INDIANAPOLIS		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MB () MERCER, TINA 2002 WELLES INDIANAPOLIS	LEY BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	ECMC HOLDIN	Delete G CORPORATION H STREET. STE 200	Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: DAVID HOEFT MGRM 04/24/2009