

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002180

FILED
Jul 21, 2005
Secretary of State

Entity Name: PAWNSHOP OPERATING COMPANY, LLC

Current Principal Place of Business:

4255 CAMP BOWIE BLVD.
FT. WORTH, TX 76107

New Principal Place of Business:

7509 CHAPEL AVE
FT. WORTH, TX 76116

Current Mailing Address:

4255 CAMP BOWIE BLVD.
FT. WORTH, TX 76107

New Mailing Address:

7509 CHAPEL AVE
FT. WORTH, TX 76116

FEI Number: 75-2868295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

IOVINO, PHILIP J
602 S. STATE RD 7
MARGATE, FL 33068 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEYLAND, MARK A
Address: 4020 PEBBLEBROOK CT
City-St-Zip: FORT WORTH, TX 76109

Title: MGR () Delete
Name: MUSGROVE, MITCH
Address: 4255 CAMP BOWIE BLVD
City-St-Zip: FORT WORTH, TX 76107

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MUSGROVE, MITCH
Address: 4700 WESTRIDGE
City-St-Zip: FORT WORTH, TX 76116

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MIKE MUSGROVE

MR

07/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date