


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-27-2004 90194 048 \*\*\*\*50.00

<b>DOCUMENT # M01000000950</b>					
<b>1. Entity Name</b> WASHINGTON MUTUAL FINANCE ASSET HOLDINGS, LLC					
<b>Principal Place of Business</b> 8900 GRAND OAK CIRCLE TAMPA, FL 33637-1050			<b>Mailing Address</b> 8900 GRAND OAK CIRCLE TAMPA, FL 33637-1050		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3707423	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILBERT, DANIEL J 8900 GRAND OAK CIR TAMPA, FL 33637	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVPS Jerry T. Burditt 8900 Grand Oak Circle, Tampa, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BOUCHER, PATRICIA 8900 GRAND OAK CIR TAMPA, FL 33637	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WHITING, GARY E 8900 GRAND OAK CIR TAMPA, FL 33637	<input type="checkbox"/> Delete		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 8900 GRAND OAK CIR TAMPA, FL 33637	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GODDARD, RICHARD E 8900 GRAND OAK CIR TAMPA, FL 33637	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THURSTON, BEVERLY 8900 GRAND OAK CIR TAMPA, FL 33637	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <i>Beverly Thurston</i>				February 23, 2004 813-632-4555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	