


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-27-2004 90194 047 ****50.00

DOCUMENT # M01000001004					
1. Entity Name WASHINGTON MUTUAL FINANCE OF TEXAS, 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	01162004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 75-2931816				Applied For <input type="checkbox"/> Not Applicable	
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 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 _____ (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	P GILBERT, DANIEL J 8900 GRAND OAK CIRCLE 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		VPS TRACY, DEBORAH ROSE 8900 GRAND OAK CIRCLE TAMPA, FL 33637		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SVP WHITING, GARY E 8900 GRAND OAK CIRCLE TAMPA, FL 33637		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SVP GODDARD, RICHARD E 8900 GRAND OAK CIRCLE TAMPA, FL 33637		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SVP BOUCHER, PATRICIA 8900 GRAND OAK CIRCLE TAMPA, FL 33637		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S THURSTON, BEVERLY 8900 GRAND OAK CIRCLE TAMPA, FL 33637		<input type="checkbox"/> Delete	
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>			February 23, 2004 813-632-4555		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		