2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED **DOCUMENT # M01000001058** 04 APR 13 PM 3:48 RTR FUNDING LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 11900 BISCAYNE BLVD. #460 11900 BISCAYNE BLVD. #460 NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181 2. Principal Place of Business 3. Mailing Address PLAZA 2N. RIVERSIDE PLAZA 2 N. RIVERSIDE Sujte, Apt. #, etc. 04072004 Chg-LLC CR2E083 (10/03) #950 City & State CHICAGO, JL City & State CHICAGO, J 4. FEI Number Applied For 65-0922682 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD 700034519557 04/29/04--01007--004 **50.00 PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable. (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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Addition TITLE TITLE MGRM ☐ Change 🔀 Delete REWARDS NETWORK INC. 2 N. RIVERSIDE PLAZA #950 CHICAGO, IL 60606 NAME LERCH, STEPHEN NAME STREET ADDRESS 11900 BISCAYNE BLVD, #460 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33181 CITY-ST-7IP MGRM MGR Change TITLE Delete TITLE Addition WIEDEMANN, GEORGE S. 2 N. RIVERSIDE PLAZA #950 BORGES, GREGORY NAME NAME STREET ADDRESS 11900 BISCAYNE BLVD, #460 STREET ADDRESS NORTH MIAMI, FL 33181 CITY-ST-ZIP CITY-ST-ZIP HICAGO, IL 60606 ☐ Change ☐ Delete TITLE MGR Addition TITLE ADEL, BRYAN R. 2N. RIVERSIDE PLAZA #950 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO, IL 60606 MGR ☐ Change ☐ Delete TITLE Addition TITLE POSNER, KENNETH R. 2 N. RIVERSIDE PLAZA#950 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO, IL 60606 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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: 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE