2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000001517

1. Entity Name
FOCUS RECEIVABLES MANAGEMENT, LLC

Principal Place of Business	Mailing Address
2700 CUMBERLAND PARKWAY SUITE 540 ATLANTA, GA 30339	2700 CUMBERLAND PARKWAY SUITE 540 ATLANTA, GA 30339

01282004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2612494
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHUBERT, GREGORY E
STREET ADDRESS	2700 CUMBERLAND PARKWAY, SUITE 540
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	MGRM
NAME	STRANG, WILLIAM
STREET ADDRESS	2700 CUMBERLAND PARKWAY, SUITE 540
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	MGRM
NAME	HENDRICKS, PETER
STREET ADDRESS	2700 CUMBERLAND PARKWAY, SUITE 540
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/10/04-80064-024 50.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #