

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 12, 2005 8:00 am
Secretary of State

03-31-2005 90127 003 ****50.00

DOCUMENT # M01000001517

1. Entity Name

FOCUS RECEIVABLES MANAGEMENT, LLC



Principal Place of Business

**1130 NORTHCHASE PKWY SUITE 150
MARIETTA, GA 30067**

Mailing Address

**1130 NORTHCHASE PKWY SUITE 150
MARIETTA, GA 30067**

DO NOT WRITE IN THIS SPACE

03142005 No Chg-LLC

CR2E083 (10/03)

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**MGR
SCHUBERT, GREGORY E
2700 CUMBERLAND PARKWAY, SUITE 540
ATLANTA, GA 30339**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**MGR
STRANG, WILLIAM
2700 CUMBERLAND PARKWAY, SUITE 540
ATLANTA, GA 30339**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**MGR
HENDRICKS, PETER
2700 CUMBERLAND PARKWAY, SUITE 540
ATLANTA, GA 30339**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/05