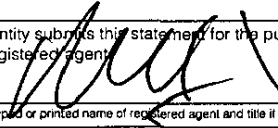
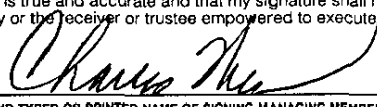


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90276 008 ****50.00

DOCUMENT # M01000002276					
1. Entity Name EAGLE CREDIT RESOURCES, L.L.C.					
Principal Place of Business 2448 EAST 81ST STREET, SUITE 2450 TULSA, OK 74137			Mailing Address 2448 EAST 81ST STREET, SUITE 2450 TULSA, OK 74137		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 73-1558174	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Robert McDonald Street Address (P.O. Box Number is Not Acceptable) 1311 N Church Ave City Tampa FL Zip Code 33607		
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 02.10.04		
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	MGR RODOLPH, DALE 2448 EAST 81ST STREET, SUITE 2450 TULSA, OK 74037	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELSH, CHARLES 2448 EAST 81ST STREET, SUITE 2450 TULSA, OK 74037	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELSH, CHARLES 2448 EAST 81ST STREET, SUITE 2450 TULSA, OK 74037	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELSH, CHARLES 2448 EAST 81ST STREET, SUITE 2450 TULSA, OK 74037	☐ 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: 			Date 2/26/04 Daytime Phone # 918-359-0300		