2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State
01-24-2005 90104 009 ****50.00

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1. Entity Name
EAGLE CREDIT RESOURCES, L.L.C.

20003542

Principal Place of Business	Mailing Address
2448 EAST 81ST STREET, SUITE 2450 TULSA, OK 74137	2448 EAST 81ST STREET, SUITE 2450 TULSA, OK 74137

01072005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1800 S Baltimore	1800 S Baltimore
Suite, Apt. #, etc.: 3rd Floor	Suite, Apt. #, etc.: 3rd Floor
City & State: Tulsa, OK	City & State: Tulsa, OK
Zip: 74119 Country: USA	Zip: 74119 Country: USA

4. FEI Number: 73-1558174 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDONALD, ROBERT 1311 N. CHURCH AVE. TAMPA, FL 33607	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 _____ 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, 2005

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 RODOLPH, DALE 1800 S Baltimore, 3rd Floor Tulsa, OK 74119	☒ Change ☐ Addition
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	 1800 S Baltimore, 3rd Floor Tulsa, OK 74119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Charles Welsh, CHARLES WELSH 1/13/05 918.359.0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #