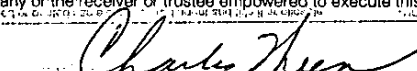


01-24-2005 90104 009 ***50.00

DOCUMENT # M01000002276				01-24-2005 90104 009 ****50.00	
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 1800 S Baltimore		3. Mailing Address 1800 S Baltimore		20003542	
Suite, Apt. #, etc. 3rd Floor		Suite, Apt. #, etc. 3rd Floor		01072005 Chg-LLC CR2E083 (10/03)	
City & State Tulsa, OK		City & State Tulsa, OK		4. FEI Number 73-1558174	
Zip 74119		Country USA		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					
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	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	RODOLPH, DALE		NAME	RODOLPH, DALE	
STREET ADDRESS	2448 EAST 81ST STREET, SUITE 2450		STREET ADDRESS	1800 S Baltimore, 3rd Floor	
CITY-ST-ZIP	TULSA, OK 74037		CITY-ST-ZIP	TULSA, OK 74037	
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	WELSH, CHARLES		NAME	WELSH, CHARLES	
STREET ADDRESS	2448 EAST 81ST STREET, SUITE 2450		STREET ADDRESS	1800 S Baltimore, 3rd Floor	
CITY-ST-ZIP	TULSA, OK 74037		CITY-ST-ZIP	Tulsa, OK 74119	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 1/15/05 918.359.0300					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					