

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90065 046 ***143.75

DOCUMENT # M01000002276	
1. Entity Name EAGLE CREDIT RESOURCES, L.L.C.	

Principal Place of Business 1800 S BALTIMORE SUITE 300 TULSA, OK 74119	Mailing Address 1800 S BALTIMORE SUITE 300 TULSA, OK 74119
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 805	Suite, Apt. #, etc. 805
City & State	City & State
Zip	Country



01032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 73-1558174	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MCDONALD, ROBERT 1311 N. CHURCH AVE. TAMPA, FL 33607	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELSH, CHARLES 1800 S BALTIMORE SUITE 300 TULSA, OK 74119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 exemptions contained in Chapter 119, 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: Ashley Valdez 1/31/08 (918)295-74
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #