

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000267

FILED  
May 02, 2008  
Secretary of State

Entity Name: CREDIT SUISSE PREMIUM FINANCE LLC

**Current Principal Place of Business:**

11 MADISON AVENUE  
CORP TAX DEPT  
NEW YORK, NY 10010

**New Principal Place of Business:**

**Current Mailing Address:**

11 MADISON AVENUE  
CORP TAX DEPT  
NEW YORK, NY 10010

**New Mailing Address:**

FEI Number: 06-1791236      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BEROY, PEDRO  
Address: 11 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10010

Title: MGR ( ) Delete  
Name: KAPLAN, ANDREW J  
Address: 11 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10010

Title: MGR ( ) Delete  
Name: FITZGERALD, DANIEL P  
Address: 11 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10010

Title: MGR ( ) Delete  
Name: ROSEMAN, DOUGLAS VP  
Address: 11 MADISON AVENUE, 8 FLOOR  
City-St-Zip: NEW YORK, NY 10010

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: BURKE, DARRYL J  
Address: 11 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10010

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: MCALLISTER, IAN G  
Address: 11 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10010

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOUGLAS ROSEMAN

MGR

05/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date