

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M02000000790

1. Entity Name
SLR RECEIVABLES FINANCE, L.L.C.



Principal Place of Business

7801 WEST IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 34747

Mailing Address

7801 WEST IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 34747



04132007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 46-0471094	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

**Filing Fee Is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ATASI, HAYAN 7751 BLACK LAKE ROAD KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STANTON, A.J. 37 NORTH ORANGE AVE., SUITE 210 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, DOUGLAS K 6525 MORRISON BLVD. SUITE 318 CHARLOTTE, NC 28211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/07-80124-003 50.00

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature] 4/17/07 407 4235203 x101