2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # M02000000790

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

Principal Place of Business	Mailing Address
7801 WEST IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747	7801 WEST IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747

DO NOT WRITE IN THIS SPACE

04162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
46-0471094
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ATASI, HAYAN
STREET ADDRESS	7751 BLACK LAKE ROAD
CITY-ST-ZIP	KISSIMMEE, FL 34747
TITLE	MGR
NAME	STANTON, A.J.
STREET ADDRESS	37 NORTH ORANGE AVE., SUITE 210
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	MGR
NAME	JOHNSON, DOUGLAS K
STREET ADDRESS	6525 MORRISON BLVD. SUITE 318
CITY-ST-ZIP	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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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: _____ 4/16/08 407 423 5203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #