

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002544

Entity Name: ASSET ACCEPTANCE, LLC

FILED  
Apr 26, 2006  
Secretary of State

**Current Principal Place of Business:**

28405 VAN DYKE AVE  
WARREN, MI 48093

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2036  
WARREN, MI 48090

**New Mailing Address:**

FEI Number: 01-0743765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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 (X) Delete  
Name: REITZEL, RUFUS H JR.  
Address: 28405 VAN DYKE AVE  
City-St-Zip: WARREN, MI 48093

Title: MGR ( ) Delete  
Name: BRADLEY, NATHANIEL F  
Address: 28405 VAN DYKE AVE  
City-St-Zip: WARREN, MI 48093

Title: MGR ( ) Delete  
Name: REDMAN, MARK A  
Address: 28405 VAN DYKE AVE  
City-St-Zip: WARREN, MI 48093

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK A REDMAN

MGR

04/26/2006

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