

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000003262

1. Entity Name
U.S. MICRO CREDIT CO., L.L.C.



Principal Place of Business
7000 HIGHLANDS PKWY., SUITE 160
SMYRNA, GA 30082

Mailing Address
7000 HIGHLANDS PKWY., SUITE 160
SMYRNA, GA 30082



01202005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1404197

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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, 2005**

000000287835
04/04/05-80084-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KEGLEY, JIM
7000 HIGHLANDS PKWY., SUITE 160
SMYRNA, GA 30082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BOWEN, STEVE
7000 HIGHLANDS PKWY., SUITE 160
SMYRNA, GA 30082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #