


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M03000002504  
1. Entity Name  
COUNTRYPLACE ACCEPTANCE GP, LLC



Principal Place of Business      Mailing Address  
15303 DALLAS PARKWAY, SUITE 900      15303 DALLAS PARKWAY, SUITE 900  
ADDISON, TX 75001      ADDISON, TX 75001

**DO NOT WRITE IN THIS SPACE**



03112005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 16-1638357	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  
  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COUNTRYPLACE ACCEPTANCE CORPORATION 15303 DALLAS PARKWAY, SUITE 900 ADDISON, TX 75001
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03/18/05-80062-001 50.00

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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: Casper R Koble      CASPER R Koble      3-11-05      972-964-9206  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #