2005 LIMITED LIABILITY COMPANY

FILED Mar 07, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # M04000003045 1. Entity Name SUNSET DIRECT LENDING, LLC Principal Place of Business Mailing Address 5000 S.W. MEADOWS RD., STE 131 5000 S.W. MEADOWS RD., STE 131 LAKE OSWEGO, OR 97035 LAKE OSWEGO, OR 97035 02172005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0560686 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM ---DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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, typod 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 MGR TITLE HOWARD, ROBERT W NAME 5000 SW MEADOWS RD., STE 131 STREET ADDRESS CITY-ST-ZIP LAKE OSWEGO, OR 97035 U00000255209 MGR TITLE 03/08/05-80002-008 50.00 NAME FRAZZITTA, FRANK A 5000 SW MEADOWS RD., STE 131 STREET ADDRESS CITY-ST-ZIP LAKE OSWEĞO, OR 97035 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OR AUTHORIZED REPRESENTATIVE