2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000005089

1. Entity Name
SENIOR RECEIVABLES LLC

Principal Place of Business	Mailing Address
33 N. CENTRAL AVE. STE. 317 MEDFORD, OR 97501	33 N. CENTRAL AVE. STE. 317 MEDFORD, OR 97501

DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3122027
☐ 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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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

U00000792107
01/23/08-80097-018 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	DINSMORE, MARK
STREET ADDRESS	33 N. CENTRAL AVE. STE. 317
CITY-ST-ZIP	MEDFORD, OR 97501
TITLE	MGR
NAME	PITBLADDO, RICHARD
STREET ADDRESS	33 N. CENTRAL AVE. STE. 317
CITY-ST-ZIP	MEDFORD, OR 97501
TITLE	MGR
NAME	SKIFF, THOMAS
STREET ADDRESS	33 N. CENTRAL AVE. STE. 317
CITY-ST-ZIP	MEDFORD, OR 97501
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: David Yost / DAVID YOST 1-4-08 541-245-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #