2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005089

Entity Name: SENIOR RECEIVABLES LLC

FILED Mar 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

33 N. CENTRAL AVE. STE. 317 MEDFORD, OR 97501

Current Mailing Address: New Mailing Address:

33 N. CENTRAL AVE. STE. 317 MEDFORD, OR 97501

FEI Number: 20-3122027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

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:

Date

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

Title: (X) Change () Addition () Delete DINSMORE, MARK SENIOR SPECIALTY INV, ESTMENTS, LLC Name: Name:

Address: 33 N. CENTRAL AVE. STE. 317 Address: 33 N. CENTRAL AVE. STE. 317

City-St-Zip: MEDFORD, OR 97501 City-St-Zip: MEDFORD, OR 97501

Title: MGR (X) Delete Title: () Change () Addition

Name: PITBLADDO, RICHARD Name: Address: 33 N. CENTRAL AVE. STE. 317 Address: City-St-Zip: MEDFORD, OR 97501 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

SKIFF, THOMAS Name: Name: 33 N. CENTRAL AVE. STE. 317 Address: Address: City-St-Zip: MEDFORD, OR 97501 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SENIOR SPECIALTY INVESTMENTS, LLC

MGRM

03/03/2009