2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M07000004793

1. Entity Name
FCC FINANCE LLC

Principal Place of Business	Mailing Address
405 STATE HWY, 121 BYPASS, BLD. A, STE 250 LEWISVILLE, TX 75067	405 STATE HWY, 121 BYPASS, BLD. A, STE 250 LEWISVILLE, TX 75067

DO NOT WRITE IN THIS SPACE

02282008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
26-0554608	Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____

Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

00000084 3905
03/12/08-80014-015 138.75

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BORSCHOW, JAMES D
STREET ADDRESS	405 STATE HWY, 121 BYPASS, BLD. A, STE 250
CITY-ST-ZIP	LEWISVILLE, TX 75067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____ VP of Ops 2/28/08 214-488-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #