

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M95000000299

1. Entity Name
SINGER ASSET FINANCE COMPANY, L.L.C.



Principal Place of Business

**2700 N. MILITARY TRAIL
STE 300
BOCA RATON, FL 33431**

Mailing Address

**1601 MARKET STREET, 11TH FLOOR
PHILADELPHIA, PA 19103**

DO NOT WRITE IN THIS SPACE



04272005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

22-3399978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEINBERGER, HOWARD
2700 NORTH MILITARY TRAIL, SUITE 300
BOCA RATON, FL 33431**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
YARUSS, HOWARD
1601 MARKET STREET, 11TH FLOOR
PHILADELPHIA, PA 19103**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
QUINT, BOB
1601 MARKET STREET, 11TH FLOOR
PHILADELPHIA, PA 19103**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HUNTER, TIM
1601 MARKET STREET, 11TH FLOOR
PHILADELPHIA, PA 19103**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
DERMAN, BRET
335 MADISON AVE., 25TH FLOOR
NEW YORK, NY 10017**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RADICIONI, ROBERT
1601 MARKET ST, 11TH FLOOR
PHILADELPHIA, PA 19103**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/05

Date

(215) 231-1407

Daytime Phone #