

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 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**



04262006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	YARUSS, HOWARD
STREET ADDRESS	1601 MARKET STREET, 11TH FLOOR
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	MGR
NAME	QUINT, BOB
STREET ADDRESS	1601 MARKET STREET, 11TH FLOOR
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	MGR
NAME	HUNTER, TIM
STREET ADDRESS	1601 MARKET STREET, 11TH FLOOR
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	MGR
NAME	DERMAN, BRET
STREET ADDRESS	335 MADISON AVE., 25TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	MGR
NAME	RADICIONI, ROBERT
STREET ADDRESS	1601 MARKET ST, 11TH FLOOR
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000547184  
05/12/06-80015-001 50.00

**DO NOT WRITE  
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 this 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

Date

Daytime Phone #