
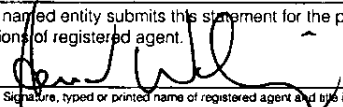
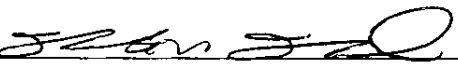


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90314 031 \*\*\*\*\*50.00

<b>DOCUMENT # M95000000299</b> 1. Entity Name <b>SINGER ASSET FINANCE COMPANY, L.L.C.</b>					
Principal Place of Business <b>2700 N. MILITARY TRAIL STE 300 BOCA RATON, FL 33431</b>			Mailing Address <b>1601 MARKET STREET, 11TH FLOOR PHILADELPHIA, PA 19103</b>		
2. Principal Place of Business - No P.O. Box # <b>2255 Glades Road</b>		3. Mailing Address Suite, Apt. #, etc. <b>Ste. 440W</b>			
City & State <b>Boca Raton, FL</b>		City & State <b>Philadelphia, PA</b>			
Zip <b>33431</b>	Country <b>USA</b>	Zip <b>19103</b>	Country <b>PA</b>	4. FEI Number <b>22-3399978</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WEINBERGER, HOWARD 2700 NORTH MILITARY TRAIL, SUITE 300 BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2255 Glades Road</b> <b>Ste. 440W</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>		
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 <b>3/27/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YARUSS, HOWARD <input checked="" type="checkbox"/> Delete 1601 MARKET STREET, 11TH FLOOR PHILADELPHIA, PA 19103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bryce, Teresa 1601 Market Street Philadelphia, PA 19103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete QUINT, BOB 1601 MARKET STREET, 11TH FLOOR PHILADELPHIA, PA 19103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete HUNTER, TIM 1601 MARKET STREET, 11TH FLOOR PHILADELPHIA, PA 19103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete DERMAN, BRET 335 MADISON AVE., 25TH FLOOR NEW YORK, NY 10017		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete RADICIONI, ROBERT 1601 MARKET ST, 11TH FLOOR PHILADELPHIA, PA 19103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			3/26/07 (215) 231-1407		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		