

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # M95000000299

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



Principal Place of Business
**2255 GLADES RD
STE 440W
BOCA RATON, FL 33431**

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



04252008No Chg-LLC

CR2E083 (12/07)

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
2255 GLADES RD STE 440W
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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BRYCE, TERESA
STREET ADDRESS	1601 MARKET STREET
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	

000000350038
06/03/08-80050-017 138.75

**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 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

4/25/08

Date

(215)231-1407

Daytime Phone #