2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9600000039 1. Entity Name FIRST CONSUMER CREDIT, L.L.C.				FILED		
				00 JAN 25 P	M 2: 45	
Principal Place of Business Mailing Address 13747 MONTFORT DRIVE, SUITE 115 13747 MONTFORT DRIVE. SUI			SUITE 116	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
13747 MONTFORT DRIVE, SUITE 115 13747 MONTFORT DRIVE. SUITE 1 DALLAS TX 75240 DALLAS TX 75240-4490			SOITE 113		allı eksil dalık arını illiğ iğir indi	
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 76-0477903	Applied For Not Applicabl	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Register	ed Agent	
			Name	Name		
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301						
			City	F	Zip Code	
8. The above	named entity submits this statement for statement submits this statement for statement for submits statement for submits this statement for submits statem		egistered office or registe	ered agent, or both, in the State of Florida.	TE.	
			W!!! FEE IS \$50.00 able to Department	of State		
9.	MANAGING MEMBE		10.	ADDITIONS/CHANG		
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM Borschow, James D 13747 Montfort Drive, Suite Dallas TX 75240	□ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP	90000311; -01/27/00-	□ Change □ Addition 23194 -01016022	
TITLE MAME STREET ADDRESS CITY-\$1-ZIP		□ Delete	TITLE NAME STREET ADDRESS GITY-ST-2!P	*****50.0	J 性性論為SUCJAAnno	
NAME STREET ADDRESS CITY-ST-ZIP	and the second s	ue	TITLE MAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE RAME STREET ADDRESS CITY-ST-ZIP		☐ Delets	TITLE RAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS		. Colota	TITLE NAME STREET ADDRESS		Change C.:	
CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Deliste	CITY- 8T- ZIP TITLE MAME \$TREET ADDRESS CITY- 8T- 710		Change	
indicated	pertify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have th	e same legal effect as if i	Section 119.07(3)(i), Florida Statutes. I further made under oath; that I am a managing men oter 608, Florida Statutes.	certify that the information mber or manager of the	

SIGNATURE AND TYPED OR STATED NAME OF SIGNING MANAGING MEMBER OF MANAGE

Date Day