## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9600000398  1. Entity Name PEOPLEFIRST FINANCE, LLC					FILED 03 APR 30 PM 3: 52			
Principal Place of Business Mailing Address			<del></del>		OJ AL NOO	. n r		
401 WEST A STREET. SUITE 1000		401 WEST A STREET. SUITE 1000 SAN DIEGO CA 92101			SECRETARY OF STA TALLAHASSEE, FLO		) M. I. 1841 1941 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 33-0681830	No	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$5.00 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM				Name				
1200 SOUTH PINE ISLAND ROA PLANTATION FL 33324			Stree	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	<del></del>	
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								
	Signature, typed or printed name of registered agent and				800017548			
FILE NOW!!! FEE IS \$50.00 5000 1500 1500 1500 1500 1500 1500								
9.	MANAGING MEMBERS	S/MANAGERS	10.		ADDITIONS/CHAN	IGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, GARY J 401 WEST A STREET, SUITE 100 SAN DIEGO CA 92101	X Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s  3901	ON, DAVID R. NORTH DALLAS PARKWAY O TX 75093	☐ Change	<b>⋉</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZELLER, DAVID G 401 WEST A STREET, SUITE 1000 SAN DIEGO CA 92101	<b>⊠</b> Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s 401 r	NDOLPH ELLSPERMANN WEST A STREET, SUITE 10 DIEGO CA 92101	□ Change	<b>⊠</b> Addition	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s  1680	ERAN, JR. John G. CAPITAL ONE DRIVE AN, VA 22102	☐ Change	<b>反</b> Addition	
TITLE NAME STREET ADDRÉSS CITY-SY2ZIP	g	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s 1680	HAN, STEPHEN CAPITAL ONE DRIVE AN, VA 22102	☐ Change	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s  1680	HERT, III, FRANK R. CAPITAL ONE DRIVE AN. VA 22102	☐ Change	<b>⊠</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		☐ Change	Addition	
indicated		at my signature shall have the	e same legal e	ffect as if m	ction 119.07(3)(i), Florida Statutes. I furthe ade under oath; that I am a managing me er 608, Florida Statutes.			

IGNATURE: W. Randolph Ell Spermann LUL Supermann 4/25/03 (619) 338-3760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUT ORIZED REPRESENTATIVE

Date

Cayling Phone #

32E083 (10/0