

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 A**  
**Secretary of State**

DOCUMENT # M97000000547

1. Entity Name  
FAIRLANE CREDIT LLC



Principal Place of Business  
9910/9930 FEDERAL DRIVE  
COLORADO SPRINGS, CO 80921

Mailing Address  
P.O. BOX 63010  
COLORADO SPRINGS, CO 80962-3010



04042005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
38-3317484

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
STEVENS, ROBERT M  
1755 TELSTAR DRIVE STE 400  
COLORADO SPRINGS, CO 809201020

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
NOONE, JOHN T  
ONE AMERICAN RD  
DEARBORN, MI 148121

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
AITKEN, ROBERT A  
9009 CAROTHER PARKWAY  
FRANKLIN, TN 37067

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000234624  
04/08/05-80076-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert A. Aitken*

Robert A. Aitken

4/4/2005

615-315-7707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #