

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90073 003 *****50.00

DOCUMENT # M97000000753**1. Entity Name****PHOENIX RECEIVABLES 5-97 LIMITED LIABILITY COMPA
NY****Principal Place of Business****2401 KERNER BLVD.
SAN RAFAEL CA 94901****Mailing Address****2401 KERNER BLVD.
SAN RAFAEL CA 94901****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**91-1823084**

Applied For

Not Applicable

5. Certificate of Status Desired**\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.**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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PHOENIX RECEIVABLES II, INC.
2401 KERNER BLVD.
SAN RAFAEL CA 94901☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
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CITY-ST-ZIP
☐ Delete**TITLE**
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☐ Delete**TITLE**
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED MANAGER****1-9-02****4154054673**

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

Date

Daytime Phone #

CR2E083 (9/01)