


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

D
1. DOCUMENT # M99000000219
AI Name
 FINANCING L.L.C. 

69 Place of Business Mailing Address
TU LAKEWOOD AVE., #100, MOD 1.2 202 6929 N. LAKEWOOD AVE., #100, MOD 1.2 202
 OK 74117-1808 TULSA, OK 74117-1808



01052006No Chg-LLC CR2E083 (11/05)

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4. FEI Number 41-1930028 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
C CORPORATION SYSTEM
1 SOUTH PINE ISLAND ROAD
P TATION, FL 33324

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8. I, 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 obligations of registered agent.

S Signature, typed or printed name of registered agent and 80% if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2006

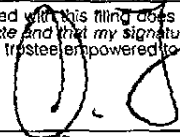
9 MANAGING MEMBERS/MANAGERS

T	MGR	FIORAVANTI, ALBERT J
N	ADDRESS	48 WALL STREET, 27TH FL
S	ZIP	NEW YORK, NY 10005
C	MGR	FIGUEROA, ORANDO
T	ADDRESS	48 WALL STREET, 27TH FL
F	ZIP	NEW YORK, NY 10005
E	MGR	ABEDINE, BENJAMIN B
C	ADDRESS	48 WALL STREET, 27TH FL
I	ZIP	NEW YORK, NY 10005
V	MGR	BRADY, MARY L
E	ADDRESS	48 WALL STREET, 27TH FL
C	ZIP	NEW YORK, NY 10005
I	MGR	GEBRON, LORI
V	ADDRESS	48 WALL STREET, 27TH FL
E	ZIP	NEW YORK, NY 10005
C	ADDRESS	
I	ZIP	

U00000398116
 01/30/06-80081-022 50.00

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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:  Orlando Figueroa **1/19/2006**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #