



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
05 FEB -7 AM 7:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M99000000233</b> 1. Entity Name <b>CARTEMPS FINANCING L.L.C.</b>					
Principal Place of Business <b>48 WALL STRET 27TH FLOOR NEW YORK, NY 10005</b>			Mailing Address <b>48 WALL STRET 27TH FLOOR NEW YORK, NY 10005</b>		
2. Principal Place of Business <b>6929 N. Lakewood Ave.</b>		3. Mailing Address <b>6929 N. Lakewood Ave.</b>			
Suite, Apt. #, etc. <b>Suite 100, Mod 1.2 202</b>		Suite, Apt. #, etc. <b>Suite 100, Mod 1.2 202</b>			
City & State <b>Tulsa, OK</b>		City & State <b>Tulsa, OK</b>		4. FEI Number <b>41-1930027</b>	
Zip <b>74117-1808</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>74117-1808</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>200046660022</b> <b>02/15/05--01060--011 **50.00</b> City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIORAVANTI, ALBERT J 48 WALL STREET NEW YORK, NY 10005	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Orlando Figueroa 48 Wall Street, 27th Floor New York, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP FIGUEROL, DALANNO 48 WALL STREET-27TH FLOOR NEW YORK, NY 10005	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Benjamin B. Abedine Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORDON, JILL 48 WALL STREET-27TH FLOOR NEW YORK, NY 10005	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mary L. Brady same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lori Gebron same as above	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lori Gebron same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lori Gebron same as above	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lori Gebron same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lori Gebron same as above	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lori Gebron same as above
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.					
<b>SIGNATURE:</b> 		<b>ALBERT J. FIORAVANTI</b> <b>VICE PRESIDENT</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>2/2/05</b> Daytime Phone #			