


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90106 018 \*\*\*\*50.00

<b>DOCUMENT # M99000000871</b> 1. Entity Name <b>AGENTSOURCE FINANCE COMPANY, LLC</b>					
Principal Place of Business <del>5944 LUTHER LANE, SUITE 309</del> DALLAS TX 75225 <div style="text-align: center;">↓</div>			Mailing Address <del>5944 LUTHER LANE, SUITE 309</del> DALLAS TX 75225 <div style="text-align: center;">↓</div>		
2. Principal Place of Business <b>9400 N. Central Expwy.</b> Suite, Apt. #, etc. <b>1209</b> City & State <b>Dallas, Texas</b> Zip <b>75231</b> Country <b>USA</b>		3. Mailing Address <b>9400 N. Central Expwy.</b> Suite, Apt. #, etc. <b>1209</b> City & State <b>Dallas, Texas</b> Zip <b>75231</b> Country <b>USA</b>			
4. FEI Number <b>58-2467059</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>CT CORP.</b> <b>1200 S PINE ISLAND RD</b> <b>PLANTATION FL 33324</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b>      Zip Code</div>					
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>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete <b>PREMIUM FINANCE HOLDINGS, LLC</b> <b>5944 LUTHER LANE, SUITE 309</b> <b>DALLAS TX 75225</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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

Date

Daytime Phone #

**4-25-05 214-739-0170**