


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001416 1. Entity Name CONSTELLATION LENDING FUND, LLC	
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Principal Place of Business C/O U.S. FRANCHISE SYSTEMS, INC. 13 CORPORATE SQUARE, SUITE 250 ATLANTA, GA 30329	Mailing Address C/O U.S. FRANCHISE SYSTEMS, INC. 13 CORPORATE SQUARE, SUITE 250 ATLANTA, GA 30329
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2379995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

UN00000045670
02/11/04-80072-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CONSTELLATION DEVELOPMENT FUND, LLC 13 CORPORATE SQUARE, #250 ATLANTA, GA 30329
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEVEN, MIKE 13 CORPORATE SQ STE 250 ATLANTA, GA 30329
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ARONSON, STEPHEN D 13 CORPORATE SQ STE 250 ATLANTA, GA 30329
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 60B, Florida Statutes.

SIGNATURE:  **MARK A. DAYMAN** **2/9/04** **404-281-5716**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #