

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90019 027 ****50.00

DOCUMENT # M99000001483

1. Entity Name
PHOENIX CREDIT SOLUTIONS, L.L.C.



Principal Place of Business
**53 CENTURY BOULEVARD, SUITE 200
NASHVILLE TN 37214**

Mailing Address
**53 CENTURY BOULEVARD, SUITE 200
NASHVILLE TN 37214**

2. Principal Place of Business

53 Century Blvd, Suite 200

City & State
Nashville TN

Zip
37214

Country
USA

3. Mailing Address

53 Century Blvd, Suite 200

City & State
Nashville TN

Zip
37214

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **62-1756524**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **KAHN, MITCHELL C**
STREET ADDRESS **53 CENTURY BOULEVARD, SUITE 200**
CITY-ST-ZIP **NASHVILLE TN 37214**

TITLE **MGR** ☐ Change ☒ Addition
NAME **SUSAN KAHN**
STREET ADDRESS **53 CENTURY BLVD, SUITE 200**
CITY-ST-ZIP **Nashville, TN 37214**

TITLE **MGR** ☐ Delete
NAME **BARNES, RONALD G**
STREET ADDRESS **53 CENTURY BOULEVARD, SUITE 200**
CITY-ST-ZIP **NASHVILLE TN 37214**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **NORMAN, KEVIN A**
STREET ADDRESS **53 CENTURY BOULEVARD, SUITE 200**
CITY-ST-ZIP **NASHVILLE TN 37214**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Kevin A. Norman** **3-24-03** **615-232-9223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)