State of Rhode Island and Providence Plantations Fee Office of the Secretary of State							
Division Of Business Services							
148 W. River Street							
Providence RI 02904-2615							
(401) 222-3040							
Limited Liability Com	pany						
Annual Report Filing Period: September 1	- November 1						
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing							
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-							
16-66(b&c)) is subject to a penalty fee of \$25.00.							
ANNUAL REPORT YEAR: 2013							
1. ID No. <u>000140935</u>							
2. Exact Name of the Limited Liability Company Tiburon Financial, L.L.C.							
3. State of Formation							
State: <u>NE</u>							
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island							
COLLECTION AGENCY							
5. Principal Office Addre	SS						
	0 BLONDO STREET						
	<u>`E 200</u>	<b>a</b>			a l	110.4	
City or Town: <u>OMA</u>	<u>AHA</u>	State	: <u>NE</u>	Zip: <u>68164</u>	Country	USA	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:							
Contact Name: BRENDA BROCKMAN Contact Title: CLIENT SERVICES MANAGER							
	) BLONDO STREET						
SUITI		Ctate		<del></del>	Country		
City or Town: OMA		State	: <u>NE</u>	Zip: <u>68164</u>	Country	: <u>USA</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS							
Title	Individual Name			Addr	ess		
	First, Middle, Last, Suffix		Addre	ess, City or Town, St		, Country	
<u> </u>							
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11							
	NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST						
PROVIDENCE, RI 02914							

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 4 Day of September, 2013 at 5:45:43 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By BRENDA BROCKMAN

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2013 State of Rhode Island and Providence Plantations All Rights Reserved