



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

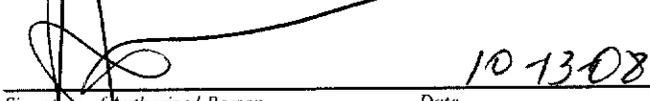
* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 177837		2. Exact name of the limited liability company FCC Finance LLC	
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island Servicing home improvement loans	
5. Principal office address 405 SH 121 Bypass, Bldg. A, Suite 250		City Lewisville	State TX
		Zip 75067	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Angela Rash		Contact Title Vice President of Operations	
Street Address 405 SH 121 Bypass, Bldg. A, Suite 250		City Lewisville	State TX
		Zip 75067	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name James Borschow		Manager Name	
Street Address 405 SH 121 Bypass, Bldg. A, Suite 250		Street Address	
City Lewisville	State TX	Zip 75067	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
City		State	
		Zip	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

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

File Date	FILED
Check No.	OCT 20 2008
By	By 4642
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.


Signature of Authorized Person Date 10-13-08
Angela Rash VP-Operations
Print or Type Name of Authorized Person