

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011428

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: STRUCTURED FINANCE PARTNERS LLC

**Current Principal Place of Business:**

2063 N.W. 19TH WAY  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2063 N.W. 19TH WAY  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 65-1045646      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEIN, G.  
2063 N.W. 19TH WAY  
BOCA RATON, FL 33431      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: STEIN, GLEN  
Address: 2063 N.W. 19TH WAY  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM      ( ) Delete  
Name: CHALEFF, NORMAN  
Address: 48 SHERIDAN AVE.  
City-St-Zip: WEST ORANGE, NJ 07079

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GLEN STEIN

MGRM

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date