

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000029897

FILED  
Jan 27, 2003  
Secretary of State

Entity Name: PHG FUNDING MANAGEMENT, LLC

**Current Principal Place of Business:**

9400 SOUTH DADELAND BOULEVARD  
SUITE 100  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

9400 SOUTH DADELAND BOULEVARD  
SUITE 100  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

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

DEUTCH, DAVID O  
9400 SOUTH DADELAND BOULEVARD  
SUITE 100  
MIAMI, FL 33156

**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/MEMBERS:**

Title:                                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      DEUTCH, DAVID O  
Address:                      9400 S DADELAND BLVD 100  
City-St-Zip:                      MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID O DEUTCH                                      MGR                                      01/27/2003

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