

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90028 036 ****55.00



DOCUMENT # L03000003458

1. Entity Name

FLORIDA FUNDING GROUP, LLC

Principal Place of Business

7100 W CAMINO REAL
 SUITE 402
 BOCA RATON FL
 US

Mailing Address

7100 W CAMINO REAL
 SUITE 402
 BOCA RATON FL
 US



2. Principal Place of Business

6600 W. ROGERS CIRCLE

Suite, Apt. #, etc.
 Suite # 14

City & State

BOCA RATON FL

Zip
 33487

Country

3. Mailing Address

6600 W. ROGERS CIRCLE

Suite, Apt. #, etc.
 Suite # 14

City & State

BOCA RATON FL

Zip
 33487

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

41-2076935

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACK, MICHAEL M ESQ.
 1819 MAIN STREET, STE 1100
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR Delete
 NAME BLOOM, ASHLEY
 STREET ADDRESS 7100 W CAMINO REAL STE 402
 CITY-ST-ZIP BOCA RATON FL 33433

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR Change Addition
 NAME BLOOM, ASHLEY
 STREET ADDRESS 6600 W. ROGERS CIRCLE SUITE #14
 CITY-ST-ZIP BOCA RATON FL- 33487

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Handwritten Signature]

04/24/06

(561) 417-7115