

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027762

FILED
May 20, 2004
Secretary of State

Entity Name: COMMUNITY RESOURCE FUNDING, LLC

Current Principal Place of Business:

4647 FORT PECK ROAD
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

4647 FORT PECK ROAD
NEW PORT RICHEY, FL 34655

New Mailing Address:

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

Name and Address of Current Registered Agent:

PERRIN, BRUCE A
4647 FORT PECK ROAD
NEW PORT RICHEY, FL 34655 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/MEMBERS:

Title: MGRM () Delete
Name: PERRIN, LYNNE A
Address: 4647 FORT PECK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: MGRM () Delete
Name: WHITELAW, BRUCE
Address: 5670 WESTBROOK RD
City-St-Zip: GOLDEN VALLEY, MN 55422 US

Title: MGRM () Delete
Name: WHITELAW, NANCY
Address: 5670 WESTBROOK RD
City-St-Zip: GOLDEN VALLEY, MN 55422 US

Title: MGRM () Delete
Name: PERRIN, BRUCE A
Address: 4647 FORT PECK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PERRIN, LYNNE A
Address: 4647 FORT PECK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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

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 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: BRUCE PERRIN

MGRM

05/20/2004

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