

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097547

**FILED**  
**Mar 30, 2007**  
**Secretary of State**

**Entity Name:** UNITED MORTGAGE FUNDING, LLC.

**Current Principal Place of Business:**

7345 W SAND LAKE RD  
228  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

6996 PIAZZA GRANDE AVE  
309  
ORLANDO, FL 32835 US

**Current Mailing Address:**

7345 W SAND LAKE RD  
228  
ORLANDO, FL 32819 US

**New Mailing Address:**

2325 LAKE DEBRA DR  
437  
ORLANDO, FL 32835 US

**FEI Number:** 32-0162058

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EL HANCHI, BRAHIM  
2349 LAKE DEBRA DR  
616  
ORLANDO, FL 32835 US

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

EL HANCHI, BRAHIM  
2325 LAKE DEBRA DR  
437  
ORLANDO, FL 32835 US

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:

03/30/2007

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: EL HANCHI, BRAHIM  
Address: 2349 LAKE DEBRA DR.#616  
City-St-Zip: ORLANDO, FL 32835 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: EL HANCHI, BRAHIM  
Address: 2325 LAKE DEBRA DR.#437  
City-St-Zip: ORLANDO, FL 32835 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BRAHIM EL HANCHI

MGR

03/30/2007

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