

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044414

FILED
Mar 06, 2009
Secretary of State

Entity Name: FRIENDSHIP FELLOWSHIP AT PINEDA FUNDING, L.L.C.

Current Principal Place of Business:

3115 FRIENDSHIP PLACE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

3115 FRIENDSHIP PLACE
ROCKLEDGE, FL 32955

New Mailing Address:

8226 SIMPKINS WAY
MELBOURNE, FL 32940

FEI Number: 26-0148343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLAND, JOHN C
271 FORECAST LANE
ROCKLEDGE, FL 32955 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: MGR () Delete
Name: LEES, JOHN G TRUSTEE
Address: 3115 FRIENDSHIP PLACE
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGR () Delete
Name: HEMPHILL, PATRICIA M TRUSTEE
Address: 3115 FRIENDSHIP PLACE
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGR () Delete
Name: WORKS, SHIRLEY M TRUSTEE
Address: 3115 FRIENDSHIP PLACE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

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 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: JOHN G. LEES

MGR

03/06/2009

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