


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # M0200Q003507
1. Entity Name
SOVEREIGN FUNDING LLC



Principal Place of Business Mailing Address
5304 BURCHETTE RD. 5304 BURCHETTE RD.
TAMPA, FL 33647 TAMPA, FL 33647

DO NOT WRITE IN THIS SPACE



04202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0392239	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TRIMPOLI, BRUNO D
5304 BURCHETTE RD
TAMPA, FL 33647

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: 4/22/04

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRIMPOLI, BRUNO D 5304 BURCHETTE RD TAMPA, FL 33647
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04/22/04-80075-015 55.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 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:  Date: 4/22/04 Daytime Phone #

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