


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000003507  
1. Entity Name  
SOVEREIGN FUNDING LLC



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

**DO NOT WRITE IN THIS SPACE**



02272006 No Chg-LLC CR2E083 (11/05)

4. FEI Number: 51-0392239 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$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**

6. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

U00000469792  
03/27/06-80013-017 55.00

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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Bruno D. Trimpoli* 3/15/06 813 978-3100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #