2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# M04000001790

Entity Name: 1ST FEDERAL FUNDING, LLC

Current Principal Place of Business:

1777 REISTERTOWN ROAD
SUITE 345
PIKESVILLE, MD 21208

New Principal Place of Business:

Current Mailing Address:

1777 REISTERTOWN ROAD
SUITE 345
PIKESVILLE, MD 21208

New Mailing Address:

FEI Number: 01-0723408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: MGRM ( ) Delete
Name: BOND, STEVE
Address: 1719 GARDINER RD
City-St-Zip: COCKEYSVILLE, MD 21030

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BOND, STEVE
Address: 1777 REISTERSTOWN ROAD, SUITE 345
City-St-Zip: PIKESVILLE, MD 21208

Title: PVST ( ) Change (X) Addition
Name: BOND, STEVE
Address: 3707 BIRCHMERE COURT
City-St-Zip: OWINGS MILLS, MD 21117

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: BARBARA CHANDLER MGR 05/01/2007

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