2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State
05-11-2004 90003 041 ****50.00

DOCUMENT # L03000036849

1. Entity Name
2-BANKING ONE FUNDING, LLC

24071610

Principal Place of Business	Mailing Address
1545 NORTHEAST 123RD STREET NORTH MIAMI, FL 33161 US	1545 NORTHEAST 123RD STREET NORTH MIAMI, FL 33161 US

01072004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1545 NE 123rd St	1545 NE 123rd St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami, FL	City & State: North Miami, FL
Zip: 33161 Country: USA	Zip: 33161 Country: USA

4. FEI Number: 20-0255005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENDERSON, MARK B 1545 NORTHEAST 123RD STREET NORTH MIAMI, FL 33161	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HENDERSON, MARK B 1545 NORTHEAST 123RD STREET NORTH MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Mark Henderson Mark Henderson 4/27/04 305-895-0891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #