

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004095

Entity Name: SPIRIT MASTER FUNDING, LLC

FILED
Apr 04, 2007
Secretary of State

Current Principal Place of Business:

14631 N SCOTTSDALE RD STE 200
SCOTTSDALE, AZ 852542711

New Principal Place of Business:

Current Mailing Address:

14631 N SCOTTSDALE RD STE 200
SCOTTSDALE, AZ 852542711

New Mailing Address:

FEI Number: 20-1262089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: FLEISCHER, MORTON H
Address: 14631 N SCOTTSDALE RD STE 200
City-St-Zip: SCOTTSDALE, AZ 852542711

Title: MGR () Delete
Name: VOLK, CHRISTOPHER H
Address: 14631 N SCOTTSDALE RD STE 200
City-St-Zip: SCOTTSDALE, AZ 852542711

Title: MGR () Delete
Name: LONG, CATHERINE
Address: 14631 N SCOTTSDALE RD STE 200
City-St-Zip: SCOTTSDALE, AZ 852542711

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 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: CATHERINE LONG

MGR

04/04/2007

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