

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006498

FILED
Jul 16, 2007
Secretary of State

Entity Name: RFC MHF FUNDING, LLC

Current Principal Place of Business:

8400 NORMANDALE LAKE BLVD., SUITE 250
MINNEAPOLIS, MN 55437

New Principal Place of Business:

Current Mailing Address:

8400 NORMANDALE LAKE BLVD., SUITE 250
MINNEAPOLIS, MN 55437

New Mailing Address:

ONE MERIDIAN CROSSINGS, MC:03-02-20
SUITE 100
MINNEAPOLIS, MN 55423

FEI Number: 20-5814427 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: SCHULZ, GREGORY B
Address: 8400 NORMANDALE LAKE BLVD., SUITE 250
City-St-Zip: MINNEAPOLIS, MN 55347

Title: CFO () Delete
Name: FLAVIN, DAVID
Address: 8400 NORMANDALE LAKE BLVD., SUITE 250
City-St-Zip: MINNEAPOLIS, MN 55347

Title: T () Delete
Name: MARSHALL, THOMAS J
Address: 8400 NORMANDALE LAKE BLVD., SUITE 250
City-St-Zip: MINNEAPOLIS, MN 55347

Title: S () Delete
Name: MOLLETT, LAURA
Address: 8400 NORMANDALE LAKE BLVD., SUITE 250
City-St-Zip: MINNEAPOLIS, MN 55347

Title: COO () Delete
Name: FRANTA, MICHAEL
Address: 8400 NORMANDALE LAKE BLVD., SUITE 250
City-St-Zip: MINNEAPOLIS, MN 55347

Title: DVP () Delete
Name: MURRAY, BRIAN
Address: 6802 PARAGON PLACE, SUITE 350
City-St-Zip: RICHMOND, VA 23226

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID FLAVIN

CFO

07/16/2007

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