


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000218 1. Entity Name DADELAND FUNDING, LLLP	
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FILED
 07 FEB 28 AM 9:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 848 BRICKELL AVE. SUITE #810 MIAMI, FL 33131	Mailing Address 848 BRICKELL AVE. SUITE #810 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02202007 Chg-LP CR2E003 (12/06)

4. FF Number 86-1160917	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 E. PARK AVE TALLAHASSEE, FL 32301	
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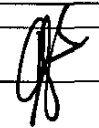
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		State FL	Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	DADELAND FUNDING GP, LLC	STREET ADDRESS	
NAME	848 BRICKELL AVE. SUITE #810	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

500090086605
03/02/07--01049--020 **500.00

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ **DATE:** _____ **Daytime Phone #** _____
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE