


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 10 AM 9:33

DOCUMENT # A18701					
1. Entity Name EAST COAST FUNDING, LTD.					
Principal Place of Business 789 S. FEDERAL HIGHWAY, SUITE #304 STUART, FL 34994			Mailing Address P.O. BOX 3000 STUART, FL 34995		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2469144	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHRISTENSON, NEILS P 789 S. FEDERAL HWY, #304 STUART, FL 34994				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	NAME		STREET ADDRESS		
NAME	CHRISTENSON, NEILS P		CITY-ST-ZIP		
STREET ADDRESS	789 S FEDERAL HWY #304				
CITY-ST-ZIP	STUART, FL				
DOCUMENT #	NAME		STREET ADDRESS	200048581462	
NAME	G70674		CITY-ST-ZIP	03/17/05--01008--013 **141.25	
STREET ADDRESS	CHRISTENSON & ASSOCIATES, MORT. CO.				
CITY-ST-ZIP	789 S FEDERAL HWY #304				
CITY-ST-ZIP	STUART, FL				
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CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <i>Neil P Christenson</i>			Date: 3/10/05 772 288		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE