

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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



01032007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2469144

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHRISTENSON, NEILS P
789 S. FEDERAL HWY, #304
STUART, FL 34994

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IN THIS SPACE

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.

DATE _____

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

| | |
|----------------|-------------------------------------|
| DOCUMENT # | |
| NAME | CHRISTENSON, NEILS P |
| STREET ADDRESS | 789 S FEDERAL HWY #304 |
| CITY-ST-ZIP | STUART, FL |
| DOCUMENT # | G70674 |
| NAME | CHRISTENSON & ASSOCIATES. MORT. CO. |
| STREET ADDRESS | 789 S FEDERAL HWY #304 |
| CITY-ST-ZIP | STUART, FL |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:

Neils P. Christenson

Neils P. Christenson

4/25/07 772-287-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE