


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 23 AM 9:21

DOCUMENT # A99000002225		
1. Entity Name CORDELL FUNDING, LLLP		

Principal Place of Business C/O ROBIN RODRIGUEZ 3333 POINCIANA AVENUE COCONUT GROVE, FL 33133	Mailing Address C/O ROBIN RODRIGUEZ 3333 POINCIANA AVENUE COCONUT GROVE, FL 33133
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O Kim Martin	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 675 Berkmar Court	
City & State		City & State Charlottesville, VA	
Zip	Country	Zip 22901	Country



01182007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0969941	Applied For 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 RODRIGUEZ, ROBIN 3333 POINCIANA AVENUE COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 fee 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 #	RODRIGUEZ, ROBIN	STREET ADDRESS	
NAME	3333 POINCIANA AVENUE	CITY - ST - ZIP	
STREET ADDRESS	COCONUT GROVE, FL 33133		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: Robin Rodriguez 1-17-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE