

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007719

FILED
Jul 06, 2006
Secretary of State

Entity Name: S/T FUNDING COMPANY, LLC

Current Principal Place of Business:

3000 S.W. 42 STREET
HOLLYWOOD, FL 33312

New Principal Place of Business:

Current Mailing Address:

3000 S.W. 42 STREET
HOLLYWOOD, FL 33312

New Mailing Address:

FEI Number: 52-2318824 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:

VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD., STE 3400
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

GY CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD., STE 3400
MIAMI, FL 33133 US

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: GY CORPORATE SERVICES, INC.

07/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FROKER, DAVE
Address: 3000 SW 42ND ST
City-St-Zip: HOLLYWOOD, FL 33312

Title: MGR () Delete
Name: QUANDT, MICHAEL
Address: 3000 SW 42ND STREET
City-St-Zip: HOLLYWOOD, FL 33312

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL QUANDT

MGR

07/06/2006

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