limited liability company pe

SIGNATURE:

FILED 2005 LIMITED LIABILITY COMPANY Apr 26, 2005 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # L01000008637** 1. Entity Name TEMPUS FUNDING I, LLC Principal Place of Business Mailing Address 7380 SAND LAKE RD 7380 SAND LAKE RD SUITE 600 SUITE 600 ORLANDO, FL 32819 ORLANDO, FL 32819 04152005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 59-3723913 \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent A,G.C. CO. DO NOT WRITE 200 S ORANGE AVE **SUITE 2300** IN THIS SPACE ORLANDO, FL 32801 3. 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 hame of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE TEMPUS PALMS INT'L, LTD NAME 7380 SAND LAKE RD., STE 600 STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZIP TITLE U00000335140 04/26/05-80086-008 55.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 managing member or manager of the limited liability company pather receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

mar/men

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