



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000010000	
1. Entity Name INJURY SETTLEMENT FUNDING, L.C.	

Principal Place of Business 709 WEST KENTUCKY AVENUE TAMPA, FL 33603	Mailing Address 709 WEST KENTUCKY AVENUE TAMPA, FL 33603
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DO NOT WRITE IN THIS SPACE



02222005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3729923	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SIEGAL, JENNY
709 WEST KENTUCKY AVENUE
TAMPA, FL 33603

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIEGAL, JENNY 709 W. KENTUCKY AVENUE TAMPA, FL 33603
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02/25/05-80032-009 50.00

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IN THIS SPACE**

11. 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 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: Jenny Siegal 3/22/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #