

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90022 046 \*\*\*\*50.00

DOCUMENT # LD1000014250

1. Entity Name

A.I.M. Funding Group, LLC

**DO NOT WRITE IN THIS SPACE**

**951645**

2. Principal Place of Business

350 N.W. 12 Avenue

3. Mailing Address

Suite Apt. #, etc.

101A

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Zip

33442

Country

BROWNS

Zip

Country

4. FEI Number

31-1800414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Philip V. Zeman

Street Address (P.O. Box Number is Not Acceptable)

3140 NW 107 Ave

City

Coral Springs

FL

Zip Code

33065

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.

SIGNATURE

Signature, typed or printed name of registered agent and true if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President / Operating Manager  
Philip V. Zeman  
3140 N.W. 107 Ave  
Coral Springs, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
F6 Investment Group, Inc.  
Member  
250 Australian Ave. South, Suite 500  
West Palm Beach, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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)(f), 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:

Philip V. Zeman

4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)