2004 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Jan 12, 2004 08:00 AM DOCUMENT # L02000000331 **Secretary of State** RESOURCE FUNDING, LLC Mailing Address Principal Place of Business. 875 SW WHISPER RIDGE TRAIL 875 SW WHISPER RIDGE TRAIL PALM CITY, FL 34990 PALM CITY, FL 34990 01062004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 62-1724777 Not Applicable \$5.00 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARDITO, VICTOR DO NOT WRITE 875 SW WHISPER RIDGE TRAIL PALM CITY, FL 34990 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS g. TITLE ARDITO, VICTOR HAME STREET ADDRESS 875 SW WHISPER RIDGE TRL CITY-ST-78 PALM CITY, FL 34990 U000000003521 TITLE 01/13/04-80060-015 50.00 NAME ARDITO, BONNIE 875 SW WISPER RIDGE TRL STREET ADDRESS CITY-ST-7/P PALM CITY, FL 34990 TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE SMAIR STREET ADDRESS

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 Itability company or the receiver or trustee empowered to execute this region as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CDY-ST-7P