2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000017420

1. Entity Name

CITY-ST-ZIP

MORTGAGE FUNDERS INVESTMENT GROUP, LLC



FILED Jul 10, 2006 08:00 AM Secretary of State

Principal Place of Business

8211 WEST BROWARD BLVD. SUITE PH1-FIFTH FLOOR PLANTATION, FL 33324

Mailing Address

3110 NORTH 34 STREET HOLLYWOOD, FL 33021



07032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For	
42-1543 <u>674</u>		Not Applicable	
5. Certificate of Status Desired		.00 Additional	

DO NOI WRITE IN THIS SPACE		4. FEI Number	Applied For			
			Not Applicable 5.00 Additional be Required			
	6. Name and Address of Current Registered Agent			, o i toquillo		
3110 NOR HOLLYWO	SA, DOMENICK G TH 34 STREET OOD, FL 33021		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_	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere	ed Agent signature required	twhen reinstating) DATE			
Filing Fee Is \$50.00 Due by September 6, 2006						
9.	MANAGING MEMBERS/MANAGERS					
NAME STREET ADDRESS	MGR LACERTOSA, DOMENICK 3110 N 34 ST		ran di primi di mangantakan di mangan di Mangan di mangan di m Mangan di mangan di m			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLLYWOOD, FL 33021		U00000568744 07/10/06-80006-1	003-50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Domenich all you SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #