


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90186 018 \*\*\*\*50.00

<b>DOCUMENT # L02000017420</b> 1. Entity Name <b>MORTGAGE FUNDERS INVESTMENT GROUP, LLC</b>					
Principal Place of Business <b>8211 WEST BROWARD BLVD. SUITE PH1-FIFTH FLOOR PLANTATION, FL 33324</b>			Mailing Address <b>3110 NORTH 34 STREET HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business - No P.O. Box # <b>3110 N 34 ST.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>HOLLYWOOD FL</b>		City & State		4. FEI Number <b>42-1543674</b>	
Zip <b>33021</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LACERTOSA, DOMENICK G 3110 NORTH 34 STREET HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <u><i>Domenick G. Lacertosa</i></u> DATE <u><i>February 28 2007</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR LACERTOSA, DOMENICK 3110 N 34 ST HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <u><i>Domenick G. Lacertosa</i></u>			Date <u><i>2/28/07</i></u> Daytime Phone # <u><i>954 562 1240</i></u>		