


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90012 036 ****50.00

DOCUMENT # L02000017459	
1. Entity Name ADVANCED CAPITAL FUNDING, LLC	

Principal Place of Business 2455 EAST SUNRISE BLVD. STE 511 FORT LAUDERDALE, FL 33304	Mailing Address 2455 EAST SUNRISE BLVD STE. 511 FORT LAUDERDALE, FL 33304
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2. Principal Place of Business 2459 E. Sunrise Blvd.	3. Mailing Address 2459 E. Sunrise Blvd.
Suite, Apt. #, etc. 1	Suite, Apt. #, etc. 1
City & State FL. Land, FL	City & State FL. Land, FL
Zip 33304	Country 33304



03292004 Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0472573	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HARTLEY, TIMOTHY M 2455 EAST SUNRISE BLVD., SUITE 511 FORT LAUDERDALE, FL 33304	7. Name and Address of New Registered Agent Name Timothy M. Hartley Street Address (P.O. Box Number is Not Acceptable) 500 SE 6 ST, STE 102 City Fort Lauderdale FL Zip Code 33301
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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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, NEREA Z 3620 SAN SIMEON CIRCLE WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1063 Sunflower Circle Weston, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSEHANS, KERRY 5750 CAMINO DEL SOL, #200 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **15/7/04** **954-630-3633**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #