

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

01-22-2003 90092 022 ****50.00

DOCUMENT # L02000017459

1. Entity Name

ADVANCED CAPITAL FUNDING, LLC



Principal Place of Business

Mailing Address

**2455 EAST SUNRISE BLVD STE. 511
FORT LAUDERDALE FL 33304**

**2455 EAST SUNRISE BLVD STE. 511
FORT LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

2455 East Sunrise Blvd

Suite, Apt. #, etc.

Suite 511

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

33304

USA

Zip

Country

4. FEI Number

03-0472573

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARTLEY, TIMOTHY M
2455 EAST SUNRISE BLVD., SUITE 511
FORT LAUDERDALE FL 33304**

Name

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

City

FL

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

Timothy Hartley

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

(NOTE: Registered Agent signature required when reinstating)

1-15-03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

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**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JOSEPHANS, KERRY
5750 CAMINO DEL SOL, #200
BOCA RATON FL 33433**

☐ Delete

TITLE
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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:

Nerea Z. Anderson

1-15-03 954-630-3633

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

Date

Daytime Phone #

CR2E083 (10/02)