## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L02000018662**

t. Entity Name
MONTGOMERY FUNDING, LLC

FILED
May 24, 2004 08:00 AM
Secretary of State

Principal Place of Business

15348 S.W. 117TH STREET MIAMI, FL 33256 Mailing Address

PO BOX 562889 MIAMI, FL 33256



DO NOT WRITE IN THIS SPACE

05202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 11-3646277 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145

## DO NOT WRITE IN THIS SPACE

			THE GLACE
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Fil Due i	ling Fee is \$50.00 by September 8, 2004		
9.	MANAGING MEMBERS/MANAGERS		-
TITLE NAME STREET ADDRESS CRY-ST-ZIP	MGR CANTILLO, HUGVER T 15348 S.W. 117TH STREET MIAMI, FL 33256		U00000161428 05/24/04-80008-001 55.00
NAME STREET ADDRESS CITY ST - ZBP	MGR PAYES, JUANITA 15348 S.W. 117TH STREET MIAMI, FL 33256		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	DO	NOT WRITE
TITLE NAME STREET ADDRESS CRY-ST-ZIP		IN "	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ugus. Canto

5-18-04

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

Date

Daytime Phone #