2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# L02000018662

Entity Name: MONTGOMERY FUNDING, LLC

Current Principal Place of Business:

C/O NATALIA UTRERA - REGISTERED AGENT
1840 S.W. 22 STREET, 4TH FLOOR
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

PO BOX 562889
MIAMI, FL 33256

New Mailing Address:

FEI Number: 11-3646277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CANTILLO, HUGVER T
Address: P.O. BOX 562889
City-St-Zip: MIAMI, FL 33256

Title: MGR ( ) Delete
Name: PAYES, JUANITA
Address: P.O. BOX 562889
City-St-Zip: MIAMI, FL 33256

Title: MGRM ( ) Delete
Name: J&T SALES AND MARKET, ING CONCEPTS, I NC
Address: P.O. BOX 562889
City-St-Zip: MIAMI, FL 33256

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: PAYES, JUANITA
Address: P.O. BOX 562889
City-St-Zip: MIAMI, FL 33256

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HUGVER T CANTILLO MGRM 02/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date