2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L02000019994

Entity Name: IOI FUNDING I, LLC

Current Principal Place of Business:

8680 COMMODITY CIR
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

8680 COMMODITY CIR
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 01-0739657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

A.G.C. CO.
200 SOUTH ORANGE AVENUE, SUITE 2300
ORLANDO, FL 32801 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:	PD	( ) Delete
Name:	LINDEN, DEBORAH L	
Address:	8680 COMMODITY CIR	
City-St-Zip:	ORLANDO, FL 32819	
Title:	V	(X) Delete
Name:	GRUBER, KURT P	
Address:	8680 COMMODITY CIR	
City-St-Zip:	ORLANDO, FL 32819	
Title:	VDS	( ) Delete
Name:	ERFURTH, CARY J	
Address:	8680 COMMODITY CIR	
City-St-Zip:	ORLANDO, FL 32819	
Title:	ST	( ) Delete
Name:	HOLBROOK, KAREN S	
Address:	8680 COMMODITY CIR	
City-St-Zip:	ORLANDO, FL 32819	
Title:	D	( ) Delete
Name:	TUSSIE, CHERYL A	
Address:	103 FOULK ROAD	
City-St-Zip:	WILMINGTON, DE 19803	
Title:	MGRM	( ) Delete
Name:	ISLAND ONE, INC.,	
Address:	8680 COMMODITY CIR	
City-St-Zip:	ORLANDO, FL 32819	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DEBORAH L. LINDEN PD 01/06/2009

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