



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 28, 2004 8:00 am**  
**Secretary of State**

06-28-2004 90094 019 \*\*\*\*50.00

<b>DOCUMENT # L02000023485</b>					
<b>1. Entity Name</b> SECURE FUNDING PARTNERS LLC					
<b>Principal Place of Business</b> 17595 SOUTH TAMiami TRAIL SUITE 206 FORT MYERS, FL 33908, US			<b>Mailing Address</b> 17595 SOUTH TAMiami TRAIL SUITE 206 FORT MYERS, FL 33908, US		
<b>2. Principal Place of Business</b> 17595 S TAMiami TR		<b>3. Mailing Address</b> 17595 S. TAMiami TR		14024421 	
Suite, Apt. #, etc. 102		Suite, Apt. #, etc. 102		05192004 Chg-LLC CR2E083 (10/03)	
City & State Fort Myers FL		City & State Fort Myers FL		<b>4. FEI Number</b> 82-0566731	
Zip 33908 Country USA		Zip 33908 Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> SOLLOWAY, CLEARANCE E 12789 ASTON OAKS DR FORT MYERS, FL 33912			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLLOWAY, CLEARANCE E 17595 SOUTH TAMiami TRAIL, SUITE 206 FORT MYERS, FL 33908	<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	MGR SUAREZ, ANDRES J 17595 SOUTH TAMiami TRAIL, SUITE 223 FORT MYERS, FL 33908	<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	
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 6-7-04 Daytime Phone # 239-689-5626		