

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90023 031 ****50.00

DOCUMENT # L02000024054

1. Entity Name

COLONIAL FUNDING GROUP, L.L.C.



Principal Place of Business

MURPHY BED CENTER
1720 AIRPORT ROAD SOUTH
NAPLES FL 34112
US

Mailing Address

MURPHY BED CENTER
1720 AIRPORT ROAD SOUTH
NAPLES FL 34112
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

02-0639117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOD, ROBERT TODD
1720 AIRPORT ROAD SOUTH
NAPLES FL 34112

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WOOD, ROBERT TODD
STREET ADDRESS 60 MONROE CENTER NORTHWEST SUITE 9C
CITY-ST-ZIP GRAND RAPIDS MI 49503

TITLE MGRM ☐ Delete
NAME WOOD, ROBERT H
STREET ADDRESS 110 SUNNY BROOK S.E.
CITY-ST-ZIP GRAND RAPIDS MI 49506

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE mgrm- ☒ Change ☐ Addition
NAME WOOD, Robert Todd
STREET ADDRESS 1720 Airport Rd South.
CITY-ST-ZIP Naples, FL 34112

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Robert Todd Wood Robert Todd Wood

2/17/06 (239) 732-6366

Date

Daytime Phone #