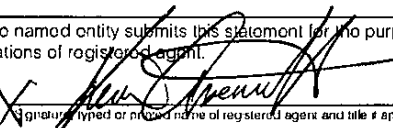
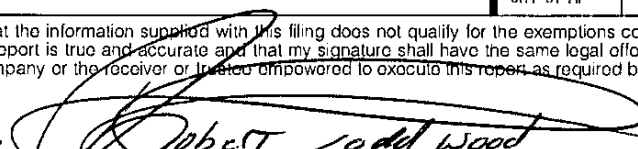


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR).

FILED
Apr 27, 2007 08:00 AM
Secretary of State

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
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  DATE 4/23/07 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM WOOD, ROBERT TODD 1720 AIRPORT RD S NAPLES FL 34112 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition U000000737955 05/11/07-80048-015 50.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM WOOD, ROBERT H 110 SUNNY BROOK S.E. GRAND RAPIDS MI 49506 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			



1st MOORE CR2E083 (10/06)