

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026833

FILED
Apr 27, 2007
Secretary of State

Entity Name: FIRST CITY FUNDING GROUP, L.L.C.

Current Principal Place of Business:

2600 DOUGLAS ROAD, SUITE 908
CORAL GABLES, FL 33134

New Principal Place of Business:

ONE SOUTHEAST THIRD AVE
SUITE 1210
MIAMI, FL 33131

Current Mailing Address:

2600 DOUGLAS ROAD, SUITE 908
CORAL GABLES, FL 33134

New Mailing Address:

ONE SOUTHEAST THIRD AVE
SUITE 1210
MIAMI, FL 33131

FEI Number: 51-0528291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUSTIG, ROY R
2600 DOUGLAS ROAD, SUITE 908
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

LUSTIG, ROY R
ONE SOUTHEAST THIRD AVE
SUITE 1210
MIAMI, FL 33131 US

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:

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MALIN, HAROLD M
Address: 11437 SW 84TH LN
City-St-Zip: MIAMI, FL 33173

Title: MGRM () Delete
Name: LUSTIG, ROY R
Address: 2600 DOUGLAS RD STE 908
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: LUSTIG, ROY R
Address: ONE SOUTHEAST THIRD AVE, SUITE 1210
City-St-Zip: MIAMI, FL 33131

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: ROY R. LUSTIG

MGRM

04/27/2007

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