


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90360 023 \*\*\*\*50.00

|  |  |  |  |   |   |
|--|--|--|--|---|---|
| <b>DOCUMENT # L03000000059</b><br>1. Entity Name<br><b>FEDERAL FUNDING GROUP, LLC</b>  |  |  |  |    |   |
| Principal Place of Business<br><b>28 WEST PARK AVE</b><br><b>LAKE WALES, FL 33853 US</b>   |  |  | Mailing Address<br><b>PO BOX 186</b><br><b>LAKE WALES, FL 33859 US</b> |   |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |  | 04192007 Chg-LLC CR2E083 (12/06)<br><br>4. FEI Number<br><b>86-1054853</b><br>Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |  |  | 6. Name and Address of Current Registered Agent<br><b>LAND TRUST SERVICE CORPORATION</b><br><b>28 WEST PARK AVE</b><br><b>LAKE WALES, FL 33853</b>  |   |
| 7. Name and Address of New Registered Agent<br>Name <b>WARDA, L.C.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>28 W PARK AVE</b><br>City <b>LAKE WALES</b> <b>FL</b> Zip Code <b>33853</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.<br>SIGNATURE <u><i>[Signature]</i></u> <b>MANAGER</b> DATE <b>4/20/07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> |   |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2007</b>  |  | <b>Make check payable to</b><br><b>Florida Department of State</b>       |  |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>LAND TRUST SERVICE CORPORATION<br>28 WEST PARK AVE<br>LAKE WALES, FL 33853 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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. |  |  |  |   |   |
| <b>SIGNATURE:</b> <u><i>[Signature]</i></u> <b>MANAGING MEMBER</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |  | Date <b>4/20/07</b>  |   | Daytime Phone # <b>863-678-0011</b>                               |