

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90019 010 ****55.00

DOCUMENT # L03000002328

1. Entity Name
BOCA FUNDING GROUP, LLC



Principal Place of Business Mailing Address

900 N. FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432 US

900 N. FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432 US



2. Principal Place of Business 3. Mailing Address

7100 W. Camino Real Suite 402 Boca Raton FL 33433 USA

7100 W. Camino Real Suite 402 Boca Raton FL 33433 USA

04142004 Chg-LLC CR2E083 (10/03)

4. FEI Number **41-2076936** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BRANDON BROWN P.L.
 900 N. FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432**

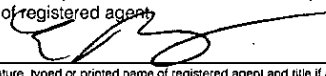
7. Name and Address of New Registered Agent

Name **Brandon Brown P.L.**

Street Address (P.O. Box Number is Not Acceptable) **9045 LA FONTANA BLVD. Suite B-1**

City **Boca Raton FL** Zip Code **33434**

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  **Elizabeth Brandon-Brown** DATE **4/22/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

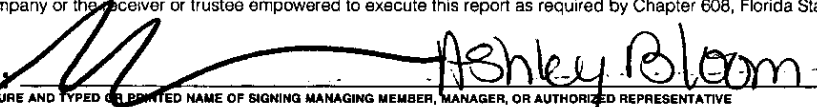
9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BLOOM, HOWARD	
STREET ADDRESS	7100 W. Camino Real	
CITY-ST-ZIP	Suite 402 Boca Raton FL 33433	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BLOOM, ASHLEY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, HOWARD	
STREET ADDRESS	7100 W. Camino Real Suite 402	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, ASHLEY	
STREET ADDRESS	7100 W. Camino Real Suite 402	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE  **Ashley Bloom** DATE **4/22** (Seal) **407-7115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #