


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90012 039 ****50.00

DOCUMENT # L03000002328

1. Entity Name
BOCA FUNDING GROUP, LLC



Principal Place of Business
7100 WD CAMINO RD STE 402
BOCA RATON FL 33432
US

Mailing Address
7100 WD CAMINO RD STE 402
BOCA RATON FL 33432
US



1st MOORE CR2E083 (10/04)

2. Principal Place of Business
7100 W. Camino Real
 Suite, Apt. #, etc.
Suite 402

3. Mailing Address
7100 W. Camino Real
 Suite, Apt. #, etc.
SUITE 402

City & State
Boca Raton, FL

City & State
BOCA RATON, FL

Zip
33433 Country
USA

Zip
33433 Country
USA

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.
9045 LA FONTANA BLVD STE B-1
BOCA RATON FL 33434

7. Name and Address of New Registered Agent
 Name **LEONARD E. ZEDECK, ESQUIRE**
 Street Address (P.O. Box Number is Not Acceptable)
SAWGRASS BUSINESS PLAZA
13790 NW 4th ST, SUITE 113
 City **SUNRISE** FL Zip Code **33325**

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 *Leonard E. Zedek* DATE **4/4/05**

(Signature, typed or printed name of registered agent and title if applicable) (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, 2005

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, HOWARD 7100 W CAMINO REAL STE 402 BOCA RATON FL 33433	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, ASHLEY 7100 W CAMINO REAL STE 402 BOCA RATON FL 33433	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: **3/28/05** DAYTIME PHONE: **561-417-7115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE