


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90026 015 ****50.00

DOCUMENT # L03000002328

1. Entity Name
BOCA FUNDING GROUP, LLC



Principal Place of Business Mailing Address

**6600 WEST ROGERS CIR
 SUITE 14
 BOCA RATON, FL 33487 US**

**6600 WEST ROGERS CIR
 SUITE 14
 BOCA RATON, FL 33487 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1801 Clint Moose Rd **1801 Clint Moose Rd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

217 **# 217**

City & State City & State

Boca Raton, FL **Boca Raton, FL**

Zip Zip Country Country

33487 **33487** **US** **US**

00050027



04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For

41-2076936 Not Applicable

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

6. Name and Address of Current Registered Agent

**ZEDECK, LEONARD E ESQ
 SAWGRASS BUSINESS PLAZA
 13790 NW 4TH ST, SUITE 113
 SUNRISE, FL 33325**

7. Name and Address of New Registered Agent

Name **ASHLEY BLOOM**

Street Address (P.O. Box Number is Not Acceptable)

1801 Clint Moose Rd # 217

City **Boca Raton** State **FL** Zip Code **33487**

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 **04/11/07**

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, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	BLOOM, HOWARD	6600 WEST ROGERS CIR SUITE 14	BOCA RATON, FL 33487	<input type="checkbox"/>
MGR	BLOOM, ASHLEY	6600 WEST ROGERS CIR SUITE 14	BOCA RATON, FL 33487	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	BLOOM, HOWARD	1801 Clint Moose Rd # 217	Boca Raton FL- 33487	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGR	BLOOM, ASHLEY	1801 Clint Moose Rd # 217	Boca Raton FL- 33487	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: _____ **04/11/07** **(561) 912-0029**

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