


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90025 041 ***138.75

DOCUMENT # L03000002328 1. Entity Name BOCA FUNDING GROUP, LLC			
Principal Place of Business 1801 CLINT MOORE RD SUITE 217 BOCA RATON, FL 33487 US		Mailing Address 1801 CLINT MOORE RD SUITE 217 BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box # 5301 N. Federal Hwy Suite, Apt. #, etc. # 380 City & State Boca Raton FL Zip 33487 Country		3. Mailing Address 5301 N. Federal Hwy Suite, Apt. #, etc. # 380 City & State Boca Raton FL Zip 33487 Country	
4. FEI Number 41-2076936		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZEDECK, LEONARD E ESQ 1801 CLINT MOORE RD SUITE 217 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name HOWARD BLOOM Street Address (P.O. Box Number is Not Acceptable) 5301 N. Federal Hwy # 380 City Boca Raton 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 <u>H Bloom</u> DATE <u>3/01/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR BLOOM, HOWARD <input type="checkbox"/> Delete	TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, HOWARD	NAME	BLOOM, HOWARD
STREET ADDRESS	1801 CLINT MOORE RD SUTE 217	STREET ADDRESS	5301 N. Federal Hwy, # 380
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	Boca Raton, FL-33487
TITLE	MGR <input type="checkbox"/> Delete	TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, ASHLEY	NAME	BLOOM, ASHLEY
STREET ADDRESS	1801 CLINT MOORE RD SUITE 217	STREET ADDRESS	5301 N. Federal Hwy # 380
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	Boca Raton, FL-33487
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>H Bloom</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>03/01/08</u> Daytime Phone # <u>(561)674-0060</u>	

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