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Secretary of State

05-05-2004 90007 050 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000003458

1. Entity Name
FLORIDA FUNDING GROUP, LLC

34009147

Principal Place of Business	Mailing Address
1717 NORTH BAYSHORE DRIVE SUITE 215 MIAMI, FL 33132 US	1717 NORTH BAYSHORE DRIVE SUITE 215 MIAMI, FL 33132 US

04142004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
7100 W. Camino Real		7100 W. Camino Real	
Suite, Apt. #, etc. Suite 402		Suite, Apt. #, etc. Suite 402	
City & State Boca Raton		City & State Boca Raton	
Zip	Country	Zip	Country

4. FEI Number 41-2076935 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLOOM, ASHLEY B 900 NORTH FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432	MICHAEL M. Wallack, Esq. Street Address (P.O. Box Number is Not Acceptable) 1819 Main Street, Suite 1100 SARASOTA CITY CENTER City Sarasota FL 34236

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 [signature] M. Wallack 4/22
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, ASHLEY 7100 W. Camino Real Suite 402 Boca Raton FL 33433	☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Ashley Bloom 4/22 561-417-7115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #