

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009083

FILED
Apr 01, 2004
Secretary of State

Entity Name: REGENT MORTGAGE FUNDING LLC

Current Principal Place of Business:

1390 S OCEAN BLVD
10E
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

4099 TAMIAMI TRAIL NORTH
402
NAPLES, FL 34103 US

Current Mailing Address:

1390 S OCEAN BLVD
10E
POMPANO BEACH, FL 33062 US

New Mailing Address:

4099 TAMIAMI TRAIL NORTH
402
NAPLES, FL 34103 US

FEI Number: 04-3746618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERMAATEN, JENNIFER
1390 S OCEAN BLVD
10E
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

VERMAATEN, J
4099 TAMIAMI TRAIL NORTH
402
NAPLES, FL 34103 US

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.

SIGNATURE: J VERMAATEN

04/01/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: VERMAATEN, JENNIFER
Address: 1390 S OCEAN BLVD APT. 10E
City-St-Zip: POMPAN0 BEACH, FL 33062 US

Title: MGR () Delete
Name: PIPER, TODD
Address: 6135 THRESHER DRIVE
City-St-Zip: NAPLES, FL 34112 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JENNIFER VERMAATEN

MGRM

04/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date