2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

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Entity Name: FOUNTAINHEAD FUNDING, LLC

Current Principal Place of Business:

4801 OSPREY DRIVE SOUTH
#305
ST. PETERSBURG, FL 33711

New Principal Place of Business:

611 SAXONY BLVD.
ST. PETERSBURG, FL 33716

Current Mailing Address:

4905 34TH STREET SOUTH
#206
ST. PETERSBURG, FL 33711

New Mailing Address:

611 SAXONY BLVD.
ST. PETERSBURG, FL 33716

FEI Number: 20-0170170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOMA, DIANE
611 SAXONY BLVD.
ST. PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOMA, DIANE
Address: 4801 OSPREY DRIVE SOUTH #305
City-St-Zip: ST. PETERSBURG, FL 33711

Title: MBR ( ) Delete
Name: HOMA, BRUCE M
Address: P.O. BOX 025207 PTY 3651
City-St-Zip: MIAMI, FL 33102

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HOMA, DIANE
Address: 611 SAXONY BLVD.
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGR (X) Change ( ) Addition
Name: HOMA, BRUCE M
Address: P.O. BOX 025207 PTY 3651
City-St-Zip: MIAMI, FL 33102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DIANE HOMA MGRM 03/06/2007

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