

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020793

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: NATIONWIDE FUNDING GROUP, LLC

## Current Principal Place of Business:

4400 PGA BLVD.  
SUITE 700  
PALM BEACH GARDENS, FL 33410 US

## New Principal Place of Business:

631 US HWY. 1  
SUITE 308  
N. PALM BEACH, FL 33408

## Current Mailing Address:

4400 PGA BLVD.  
SUITE 700  
PALM BEACH GARDENS, FL 33410 US

## New Mailing Address:

631 US HWY. 1  
SUITE 308  
N. PALM BEACH, FL 33408 US

FEI Number: 32-0081910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AZIS, JEFFREY A  
4400 PGA BLVD.,  
SUITE 700  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

AZIS, JEFFREY A  
631 US HWY. 1  
SUITE 308  
N. PALM BEACH, FL 33408 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: JEFFREY AZIS

04/25/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: JEFFREY A. AZIS, CPA, , PA  
Address: 4400 PGA BLVD., SUITE 700  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: AZIS, JEFFREY CPA  
Address: 631 US HWY.1, SUITE 308  
City-St-Zip: N. PALM BEACH, FL 33408

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: JEFFREY AZIS

MGR

04/25/2005

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