

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034785

FILED
Apr 01, 2009
Secretary of State

Entity Name: AMERIFUND CAPITAL FINANCE, LLC

Current Principal Place of Business:

1900 CORPORATE BLVD, STE 400 E
BOCA RATON, FL 33431

New Principal Place of Business:

20283 STATE ROAD 7
211
BOCA RATON, FL 33498

Current Mailing Address:

PO BOX 810815
BOCA RATON, FL 334810815

New Mailing Address:

FEI Number: 56-2395427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: SPANIER, JEFFREY
Address: 1900 NW CORPORATE BLVD SUITE 400 E
City-St-Zip: BOCA RATON, FL 33431

Title: ST () Delete
Name: SPANIER, JEFFREY
Address: 1900 NW CORPORATE BLVD SUITE 400 E
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SPANIER, JEFFREY
Address: 20283 STATE ROAD 7 STE 211
City-St-Zip: BOCA RATON, FL 33498

Title: ST (X) Change () Addition
Name: SPANIER, JEFFREY
Address: 20283 STATE ROAD 7 STE 211
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY SPANIER

MGR

04/01/2009

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