
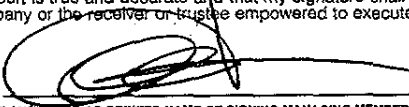


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000042985		
1. Entity Name LITIGATION FUNDING, LLC		
Principal Place of Business 501 CONTINENTAL PLAZA, 3250 MARY ST. COCONUT GROVE, FL 33133	Mailing Address 501 CONTINENTAL PLAZA, 3250 MARY ST. COCONUT GROVE, FL 33133	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CRONIG, STEVEN C 501 CONTINENTAL PLAZA, 3250 MARY ST. COCONUT GROVE, FL 33133		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELMAN, DANA 3250 MARY STREET STE 501 COCONUT GROVE, FL 33133	<div>1100000531797 05/06/06-80059-008 50.00</div> DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		APR 24, 2006 305-341-0000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>