

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90069 031 ****50.00

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number
41-2114238

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CRONIG, STEVEN C
501 CONTINENTAL PLAZA, 3250 MARY ST.
COCONUT GROVE, FL 33133**

7. Name and Address of New Registered Agent

Name **James D. Gassenheimer, ~~III~~**
Street Address (P.O. Box Number is Not Acceptable)
**James D. Gassenheimer 3-A
3250 Mary Street, Suite 307
Coconut Grove, Florida FL 33133**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BELMAN, DANA
3250 MARY STREET STE 501
COCONUT GROVE, FL 33133** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #