2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# L03000045584

Entity Name: MARKETING COMPANY OF AMERICA, LLC

Current Principal Place of Business:

6501 PARK OF COMMERCE BLVD
STE. 140
BOCA RATON, FL 33487

New Principal Place of Business:

6501 PARK OF COMMERCE BLVD,
STE 140
BOCA RATON, FL 33487

Current Mailing Address:

6501 PARK OF COMMERCE BLVD
STE. 140
BOCA RATON, FL 33487

New Mailing Address:

6501 PARK OF COMMERCE BLVD, STE. 140
ATTN: MONICA ABBATE
BOCA RATON, FL 33487

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TERLIZZI, JAMES D
6501 PARK OF COMMERCE BLVD
STE. 140
BOCA RATON, FL 33487

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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	FUNDING INVESTORS, L, LC	
Address:	5085 AVALON RIDGE PKWY #600	
City-St-Zip:	NORCROSS, GA 30071	
Title:	MGRM	( ) Delete
Name:	PEACHTREE SETTLEMENT, FUNDING CORPO R ATION	
Address:	5085 AVALON RIDGE PKWY #600	
City-St-Zip:	NORCROSS, GA 30071	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: TIMOTHY J. TRANKINA MGRM 01/16/2004

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