2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000053734

1. Entity Name

MERRICK FUNDING LLC



Principal Place of Business

848 BRICKELL AVE., SUITE 810 MIAMI, FL 33131

Mailing Address

848 BRICKELL AVE., SUITE 810 MIAMI, FL 33131

FILED May 01, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

04292008No Chg-LLC

CR2E083 (12/07)

Daytime Phone #

I. FEI Number	Applied For
03-0533542	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301

SIGNATURE AND TY

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_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		,	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMAR, LUIS 848 BRICKELL AVE. STE 810 MIAMI, FL 33131			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000941607 05/28/08-80113-019 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN ⁻	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filling 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 liability				

ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE