

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000003208

FILED
Nov 17, 2005
Secretary of State

Entity Name: MORTGAGE INVESTORS FUNDING, LLC

Current Principal Place of Business:

7035 PHILLIPS HIGHWAY
SUITE 20
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

99 NW 183RD STREET
SUITE 205
MIAMI, FL 33169 US

Current Mailing Address:

P O BOX 551469
JACKSONVILLE, FL 32255 US

New Mailing Address:

99 NW 183RD STREET
SUITE 205
MIAMI, FL 33169 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BEAN, DAVID J
7035 PHILLIPS HIGHWAY
SUITE 20
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

UNIVERSAL HOME HEALTH CARE
99 NW 183RD STREET
SUITE 205
MIAMI, FL 33169 US

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: UNIVERSAL HOME HEALTH

11/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEAN, DAVID J
Address: 7035 PHILLIPS HIGHWAY STE 20
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAGUERRE, DOLDIE
Address: 99 NW 183RD STREET SUITE 205
City-St-Zip: MIAMI, FL 33169 US

Title: P () Change (X) Addition
Name: VINCENT, YANITHE L
Address: 99 NW 183RD STREEET SUITE 205
City-St-Zip: MIAMI, FL 33169

Title: VP () Change (X) Addition
Name: MILFORT, ROOSEVELT G
Address: 99 NW 183RD STREET SUITE 205
City-St-Zip: MIAMI, FL 33169

Title: VP () Change (X) Addition
Name: CHARLESTON, MARC B
Address: 99 NW 183RD STREET SUITE 205
City-St-Zip: MIAMI, FL 33169

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: YANITHE L.VINCENT

P

11/17/2005

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