2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# L04000003208

Entity Name: MORTGAGE INVESTORS FUNDING, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 43-2091693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

UNIVERSAL HOME HEALTH
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 04/04/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

ADDITIONS/CHANGES:

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

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

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 Chapter 119, 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: DOLDIE LAGUERRE P 04/04/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date