

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000003701

**FILED**  
**May 08, 2007**  
**Secretary of State****Entity Name:** CAPITAL FUNDING STRATEGIES LLC**Current Principal Place of Business:**579 SAND WEDGE LOOP  
APOPKA, FL 32712**New Principal Place of Business:****Current Mailing Address:**579 SAND WEDGE LOOP  
APOPKA, FL 32712**New Mailing Address:****FEI Number:** 20-0703560**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LOMBARDO, LAURIE  
579 SAND WEDGE LOOP  
APOPKA, FL 32712 US**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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CAPITAL FUNDING STRA, TEGIES LLC  
Address: 579 SAND WEDGE LOOP  
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM ( ) Delete  
Name: LOMBARDO, CHRIS A PRES  
Address: 579 SAND WEDGE LOOP  
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM ( ) Delete  
Name: LOMBARDO, LAURIE L  
Address: 579 SAND WEDGE LOOP  
City-St-Zip: APOPKA, FL 32712 FL

Title: MGRM (X) Delete  
Name: SEGREST, SHAWNA M  
Address: 433 E ORANGE STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

**ADDITIONS/CHANGES:**

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

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

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 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: CHRIS LOMBARDO

MGRM

05/08/2007

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