

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025748

FILED
May 21, 2008
Secretary of State

Entity Name: CENTURY FINANCIAL FUNDING LLC

Current Principal Place of Business:

4901 NW 17TH WAY
SUITE 404
FT LAUDERDALE, FL 33309

New Principal Place of Business:

4901 NW 17TH WAY
SUITE 501
FT LAUDERDALE, FL 33309

Current Mailing Address:

4901 NW 17TH WAY
SUITE 404
FT LAUDERDALE, FL 33309

New Mailing Address:

4901 NW 17TH WAY
SUITE 501
FT LAUDERDALE, FL 33309

FEI Number: 77-0630097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

GLAZER, ROBERT M
4901 NW 17TH WAY
SUITE 404
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

GLAZER, ROBERT M
4901 NW 17TH WAY
SUITE 501
FT LAUDERDALE, FL 33309 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:

05/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GLAZER, ROBERT M
Address: 4901 NW 17TH WAY SUITE 404
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GLAZER, ROBERT M
Address: 4901 NW 17TH WAY SUITE 501
City-St-Zip: FT LAUDERDALE, FL 33309

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: ROBERT M. GLAZER

MGRM

05/21/2008

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