2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2006
Secretary of State

DOCUMENT# L04000030063

Entity Name: CENTRAL FLORIDA FUNDING, LLC.

Current Principal Place of Business:

2180 WEST STATE ROAD 434, SUITE 1100
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434, SUITE 1100
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-0431848 **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:

HALKIS, GUST
2180 WEST STATE ROAD 434, SUITE 1100
LONGWOOD, FL 32779 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: HALKIS, GUST
Address: 622 FOX HUNT CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Delete
Name: BENINCASA, ANTHONY F
Address: 359 RANDOM TERRACE
City-St-Zip: LAKE MARY, FL 32749

ADDITIONS/CHANGES:

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: GUST HALKIS MGRM 08/01/2006

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