

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030063

FILED  
Jul 07, 2008  
Secretary of State

**Entity Name:** CENTRAL FLORIDA FUNDING, LLC.

**Current Principal Place of Business:**

2600 MAITLAND CENTER PARKWAY, STE 162  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

2600 MAITLAND CENTER PARKWAY, STE 162  
MAITLAND, FL 32751

**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:**

**Name and Address of New Registered Agent:**

HALKIS, GUST  
2600 MAITLAND CENTER PARKWAY, STE 162  
MAITLAND, FL 32751      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: \_\_\_\_\_

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: HALKIS, ATHEMIA  
Address: 622 FOX HUNT CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

**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 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

07/07/2008

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