


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000034069 1. Entity Name SUF FUNDING, LLC	
--	---

Principal Place of Business 1400 N.W. 9TH STREET DANIA, FL 33004	Mailing Address 1400 N.W. 9TH STREET DANIA, FL 33004
--	--

DO NOT WRITE IN THIS SPACE



03162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1085527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, AVI
1400 N.W. 9TH STREET
DANIA, FL 33304

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

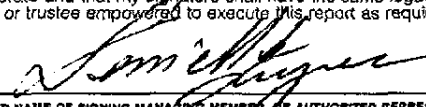
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORARU, DANA 1817 SOUTH OCEAN DRIVE, APT 718 HALLENDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVY, AVI 1400 N.W. 9TH STREET DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PELED, LIOR 10004-2 N.W. 83RD STREET TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000500473
04/25/06-80023-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **4.6.06 954 987.3038**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #