

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000034320

Entity Name: LOTUS FUNDS, LLC

FILED
Oct 18, 2007
Secretary of State**Current Principal Place of Business:**130 S UNIVERSITY DR
SUITE A
PLANTATION, FL 33324**New Principal Place of Business:**9151 LIME BAY BLVD
#203
TAMARAC, FL 33321**Current Mailing Address:**130 S UNIVERSITY DR
SUITE A
PLANTATION, FL 33324**New Mailing Address:**9151 LIME BAY BLVD
#203
TAMARAC, FL 33321

FEI Number: 36-4555404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MAYER, THOMAS
130 S UNIVERSITY DR
SUITE A
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**SOMMER, YOEL
9151 LIME BAY BLVD
#203
TAMARAC, FL 33321 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: YOEL SOMMER

10/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: MAYER, THOMAS
Address: 130 S UNIVERSITY DR SUITE A
City-St-Zip: PLANTATION, FL 33324Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: SOMMER, YOEL
Address: 9151 LIME BAY BLVD, #203
City-St-Zip: TAMARAC, FL 33321Title: MGRM () Change (X) Addition
Name: SOMMER, ISHAY
Address: 9151 LIME BAY BLVD, #203
City-St-Zip: TAMARAC, FL 33321

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: YOEL SOMMER

MGRM

10/18/2007

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