


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90537 043 ****55.00

DOCUMENT # L04000048906 1. Entity Name U.S. REAL ESTATE FUNDING, LLC			
Principal Place of Business 1601 FORUM PLACE, STE. 1101 WEST PALM BEACH, FL 33401		Mailing Address 1601 FORUM PLACE, STE. 1101 WEST PALM BEACH, FL 33401	
2. Principal Place of Business 215 S.W. 125th AVE		3. Mailing Address 215 S.W. 125th AVE.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33325		Zip 33325	
Country USA		Country USA	
4. FEI Number 56-2467503		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GLICKMAN, GARRY M ESQ 1601 FORUM PLACE, STE. 1101 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	JALON, WERONIA	NAME	
STREET ADDRESS	1601 FORUM PLACE, STE. 1101	STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL 33401	CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	KAHOK, SAMAR	NAME	
STREET ADDRESS	1601 FORUM PLACE, STE. 1101	STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL 33401	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.			
SIGNATURE: <i>Samar Kahok</i>		03-09-05 954-472-6334	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	