

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066063

FILED
Apr 24, 2008
Secretary of State

Entity Name: INVESTOR FUNDING SOLUTIONS, LLC

Current Principal Place of Business:

16211 NE 12TH AVENUE
SUITE 3
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16211 NE 12TH AVENUE
SUITE 3
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 37-1495939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAICHEK, LAWRENCE A ESQ.
601 BRICKELL KEY DRIVE
SUITE 505
MIAMI, FL 33131 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: EASTAR INVESTMENTS,, INC.
Address: 16211 NE 12TH AV #3
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: MGRM () Delete
Name: HUNTER'S CASH MACHIN, E, LLC
Address: 16211 NE 12TH AV 3#
City-St-Zip: N. MIAMI BEACH, FL 33162

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EASTAR INVESTMENTS,, INC.
Address: 16211 NE 12TH AV #1
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: MGRM (X) Change () Addition
Name: HUNTER'S CASH MACHIN, E, LLC
Address: 16211 NE 12TH AV #3
City-St-Zip: N. MIAMI BEACH, FL 33162

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: JIM D. PAMPLIN

MM

04/24/2008

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