2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# L04000071965

Entity Name: EH FUNDING, LLC

Current Principal Place of Business:

1155 S. SEMORAN BLVD. #1120
WINTER PARK, FL 32792

New Principal Place of Business:

C/O CAPITAL MANAGEMENT SERVICES
777 SOUTH FLAGLER DRIVE, SUITE 800W
WEST PALM BEACH, FL 33401

Current Mailing Address:

1155 S. SEMORAN BLVD. #1120
WINTER PARK, FL 32792

New Mailing Address:

C/O CAPITAL MANAGEMENT SERVICES
777 SOUTH FLAGLER DRIVE, SUITE 800W
WEST PALM BEACH, FL 33401

FEI Number: 04-3798413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEPHAN, REINHARD
2699 LEE ROAD
SUITE 450
WINTER PARK, FL 32792 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: TEPLITSKY, IGOR
Address: 1155 S. SEMORAN BLVD. #1120
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM ( ) Delete
Name: TEPLITSKY, LILIAN
Address: 1155 S. SEMORAN BLVD. #1120
City-St-Zip: WINTER PARK, FL 32792

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 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: IGOR TEPLITSKY MGRM 04/12/2007

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