


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90006 047 ***143.75

| | |
|-----------------------------------|---|
| DOCUMENT # L04000071965 |  |
| 1. Entity Name EH FUNDING, LLC | |

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| Principal Place of Business C/O CAPITAL MANAGEMENT SERVICES 777 SOUTH FLAGLER DRIVE, SUITE 800W WEST PALM BEACH, FL 33401 | Mailing Address C/O CAPITAL MANAGEMENT SERVICES 777 SOUTH FLAGLER DRIVE, SUITE 800W WEST PALM BEACH, FL 33401 |
|--|--|

60039604



| | | | |
|--|-----------------------------------|--|---------------|
| 2. Principal Place of Business - No P.O. Box # 1155 S. SEMORAN BLVD | | 3. Mailing Address 1155 S. SEMORAN BLVD | |
| Suite, Apt. #, etc. Ste # 1120 | Suite, Apt. #, etc. Ste # 1120 | | |
| City & State Winter Park, FL. | City & State Winter Park, FL. | | |
| Zip 32792 | Country US | Zip 32792 | Country US |

04152008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 04-3798413 | Applied For Not Applicable |
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

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|--|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| STEPHAN, REINHARD 2699 LEE ROAD SUITE 450 WINTER PARK, FL 32792 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TEPLITSKY, IGOR 1155 S. SEMORAN BLVD. #1120 WINTER PARK, FL 32792 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TEPLITSKY, LILIAN 1155 S. SEMORAN BLVD. #1120 WINTER PARK, FL 32792 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 _____ 4/18/08 407-571-4355