

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088142

FILED
Apr 28, 2006
Secretary of State

Entity Name: CAPITAL FUNDING GROUP LLC

Current Principal Place of Business:

1810 PINELLAS AVE S
J
TARPON SPRINGS, FL 34689

New Principal Place of Business:

2218 US HIGHWAY 19
HOLIDAY, FL 34691

Current Mailing Address:

1810 PINELLAS AVE S
J
TARPON SPRINGS, FL 34689

New Mailing Address:

2218 US HIGHWAY 19
HOLIDAY, FL 34691

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUSHEIKO, SELWYN
1810 PINELLAS AVE S
J
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

DUSHEIKO, SELWYN
2218 US HIGHWAY 19
HOLIDAY, FL 34691 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: _____ 04/28/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DUSHEIKO, SELWYN
Address: 1810 PINELLAS AVE S
City-St-Zip: TARPON SPRINGS, FL 34689 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DUSHEIKO, SELWYN
Address: 2218 US HIGHWAY 19
City-St-Zip: HOLIDAY, FL 34691 US

Title: MGR () Delete
Name: FOREMAN, DENISE
Address: 1810 PINELLAS AVE S
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGR (X) Change () Addition
Name: FOREMAN, DENISE
Address: 2218 US HIGHWAY 19
City-St-Zip: HOLIDAY, FL 34691 US

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: SELWYN DUSHEIKO MGR 04/28/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date