

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016351

FILED
Jan 23, 2006
Secretary of State

Entity Name: FIRST FUNDING SOLUTIONS LLC

Current Principal Place of Business:

2200 NE 36TH AVENUE
BLDG 400
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2200 NE 36TH AVENUE
BLDG 400
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-2345150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURTON, MICHAEL T
2200 NE 36TH AVENUE
BLDG 400
OCALA, FL 34470 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: BURTON, MICHAEL T
Address: 2200 NE 36TH AVENUE, BLDG 400
City-St-Zip: OCALA, FL 34470

Title: MGRM () Delete
Name: BURTON, MICHELLE R
Address: 2200 NE 36TH AVENUE, BLDG 400
City-St-Zip: OCALA, FL 34470

Title: MGRM () Delete
Name: MARINEZ, ANTONIO
Address: 2200 NE 36TH AVENUE, BLDG 400
City-St-Zip: OCALA, FL 34470

Title: MGR (X) Delete
Name: SAPP, CYNTHIA L
Address: 2200 NE 36TH AVENUE, BLDG 400
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SAPP, CYNTHIA L
Address: 2200 NE 36H AVE BLDG 400
City-St-Zip: OCALA, FL 34470

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: CYNTHIA L SAPP

MGR

01/23/2006

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