

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90025 044 ***138.75

DOCUMENT # L05000028620

1. Entity Name
FUND MANAGEMENT GROUP, LLC



Principal Place of Business
**1801 CLINT MOORE RD SUITE 217
BOCA RATON, FL 33487 US**

Mailing Address
**1801 CLINT MOORE RD SUITE 217
BOCA RATON, FL 33487 US**

50005357



2. Principal Place of Business - No P.O. Box #
5301 N. Federal Hwy

3. Mailing Address
5301 N. Federal Hwy

Suite, Apt. #, etc.
380

Suite, Apt. #, etc.
380

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33487

Zip
33487

02272008 Chg-LLC CR2E083 (12/06)

4. FEI Number
11-3745823

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BLOOM, ASHLEY
1801 CLINT MOORE RD SUITE 217
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name
ASHLEY Bloom

Street Address (P.O. Box Number is Not Acceptable)

5301 N. Federal Hwy, # 380

City
Boca Raton

FL

Zip Code
33487

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/25/08

DATE

**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

TITLE
MGRM ☐ Delete
NAME
BOCA FUNDING GROUP, LLC
STREET ADDRESS
1801 CLINT MOORE RD SUITE 217
CITY-ST-ZIP
BOCA RATON, FL 33487

10. ADDITIONS/CHANGES

TITLE
MGRM ☒ Change ☐ Addition
NAME
Boca Funding Group
STREET ADDRESS
5301 N. Federal Hwy, #380
CITY-ST-ZIP
Boca Raton, FL 33487

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/25/08 (561) 674-0060