


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90032 032 \*\*\*\*50.00

<b>DOCUMENT # L05000041294</b> 1. Entity Name NOVA FUNDING, LLC																																																					
Principal Place of Business 9872 NW 5TH COURT PLANTATION, FL 33324			Mailing Address 9872 NW 5TH COURT PLANTATION, FL 33324																																																		
2. Principal Place of Business - No P.O. Box # <b>1340 S. OCEAN BLVD</b>		3. Mailing Address <b>1340 S. OCEAN BLVD.</b>																																																			
Suite, Apt. #, etc. <b>APT# 1107</b>		Suite, Apt. #, etc. <b>APT# 1107</b>																																																			
City & State <b>POMPANO BEACH, FL.</b>		City & State <b>POMPANO BEACH, FL.</b>																																																			
Zip <b>33062</b>		Country <b>USA</b>		Zip <b>33062</b>																																																	
Country <b>USA</b>		4. FEI Number <b>86-1136435</b>																																																			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																					
6. Name and Address of Current Registered Agent  <b>PONSIGLIONE, ANTHONY J</b> <b>9872 NW 5TH COURT</b> <b>PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name <b>PONSIGLIONE, ANTHONY J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1340 S. OCEAN BLVD.</b> City <b>POMPANO BEACH FL</b> Zip Code <b>33062</b>																																																		
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 _____																																																					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>																																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>MGRM</b>  <b>PONSIGLIONE, ANTHONY J</b>  <b>9872 NW 5TH COURT</b>  <b>PLANTATION, FL 33324</b> </td> <td style="width:30%; text-align: right;"> <input checked="" type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>PONSIGLIONE, ANTHONY J</b> <b>9872 NW 5TH COURT</b> <b>PLANTATION, FL 33324</b>	<input checked="" type="checkbox"/> Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>MGRM</b>  <b>PONSIGLIONE, ANTHONY J.</b>  <b>1340 S. OCEAN BLVD.</b>  <b>POMPANO BEACH, FL. 33062</b> </td> <td style="width:30%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>PONSIGLIONE, ANTHONY J.</b> <b>1340 S. OCEAN BLVD.</b> <b>POMPANO BEACH, FL. 33062</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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.																																																					
<b>SIGNATURE:</b> <u>Anthony J. Ponsiglione</u> <b>1/26/07</b> <b>954-946-1010</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																					