2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 07, 2006 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # L05000047610 04-07-2006 90216 025 ****55.00 FALCON FUNDING "LLC" Principal Place of Business Mailing Address 224 DATURA STREET WEST PALM BEACH FL 33401 13353 NORTHUMBERLAND CIR WEST PALM BEACH FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number City & State Applied For 20-2837035 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DRUMMOND, GLEN R O. Box Number is Not Acceptable) 13353 NORTHUMBERLAND CIR WEST PALM BEACH FL 33414 8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. Lam tamiliar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 -MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGA Addition TITLE MGR Delete TITLE Change ROBBAT M DRUMMOND, GLEN R NAME STREET ADDRESS STREET ADDRESS 13353 NORTHUMBERLAND CIR CITY-ST-ZIP WEST PALM BEACH FL 33414 CITY-ST-ZIP Flg 33414 Addition TITLE ☐ Defete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED