

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000049180

1. Entity Name
JOLENE FUNDING, LLC



Principal Place of Business
**2424 NE 22ND STREET
SUITE 200
POMPANO BEACH, FL 33062**

Mailing Address
**2424 NE 22ND STREET
SUITE 200
POMPANO BEACH, FL 33062**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90028 031 ****50.00

60042070



04182007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
86-1138769

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MICHAEL C. KLASFELD, P.A.
2424 NE 22ND STREET
SUITE 100
POMPANO BEACH, FL 33062**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KLASFELD, JON
2424 NE 22ND STREET
POMPANO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KLASFELD, ILENE
2424 NE 22ND STREET
POMPANO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

14 April 2007 954 781 8000