2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000049180

1. Entity Name
JOLENE FUNDING, LLC

FILED
Aug 21, 2008 08:00 AM
Secretary of State

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

05292008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000958111
08/21/08-80004-005 138.75

9. MANAGING MEMBERS/MANAGERS

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

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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.

SIGNATURE: Jon Klasfeld 28 May 2008 561 368 5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #