

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063792

FILED  
Jul 02, 2006  
Secretary of State

Entity Name: ANGELA NEEL FUNDING, LLC

**Current Principal Place of Business:**

119 WHITECAPS CIRCLE  
MAITLAND, FL 327515851

**New Principal Place of Business:**

**Current Mailing Address:**

119 WHITECAPS CIRCLE  
MAITLAND, FL 327515851

**New Mailing Address:**

FEI Number: 20-3064104      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KRINKER, DAVID  
119 WHITECAPS CIRCLE  
MAITLAND, FL 327515851 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KRINKER, DAVID  
Address: 119 WHITECAPS CIRCLE  
City-St-Zip: MAITLAND, FL 327515851

Title: MGRM ( ) Delete  
Name: ANGELA NEEL INTERIOR, S, INC.  
Address: 460 N. ORLANDO AVE., SUITE 109  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID KRINKER

MGRM

07/02/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date