

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066198

FILED
Apr 09, 2008
Secretary of State

Entity Name: FOUNTAIN FINANCIAL FUNDING, L.L.C.

Current Principal Place of Business:

3043 N. E. 183 LANE
AVENTURA, FL 33147 US

New Principal Place of Business:

3043 N. E. 183 LANE
AVENTURA, FL 33160 US

Current Mailing Address:

3043 N. E. 183 LANE
AVENTURA, FL 33147 US

New Mailing Address:

3043 N. E. 183 LANE
AVENTURA, FL 33160 US

FEI Number: 86-1162032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFUENTE, JAVIER
5401 S. W. 114 COURT
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

HENRY, RICHARD E
3043 N. E. 183 LANE
AVENTURA, FL 33160 US

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: RICHARD E. HENRY

04/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAFUENTE, JAVIER
Address: 5401 S. W. 114 COURT
City-St-Zip: MIAMI, FL 33165

Title: MGRM () Delete
Name: HENRY, RICHARD E
Address: 3043 N. E. 183 LANE
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAFUENTE, JAVIER
Address: 6700 N. W. 37 AVENUE
City-St-Zip: MIAMI, FL 33147

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

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD E. HENRY

MGRM

04/09/2008

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