

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000098676						<p style="text-align: center;">ACCOUNT TO PAYABLE DEPT</p> <p style="text-align: center;">2007 FEB 12 P 3:24</p> <p style="text-align: center;">RECEIVED</p>	
1. Entity Name FUNNEL MANAGEMENT, LLC				Principal Place of Business 220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 US			
Mailing Address 220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 US							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State		01052007 Chg-LLC CR2E083 (12/06)		4. FEI Number NOT APPLICABLE	
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable		6. Name and Address of Current Registered Agent	
CTC MGMT SRVS., LLC 220 ALHAMBRA CIR 11TH FL MIAMI, FL 33134				7. Name and Address of New Registered Agent			
Name CTC Management Services, LLC				Street Address (P.O. Box Number is Not Acceptable) 220 Alhambra Circle, 11th Floor			
City Coral Gables, FL				Zip Code 33134			
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 <u>Pedro A. Parra</u> PEDRO A. PARRA Authorized Signature <u>1-5-2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete COMMERCEBANK TRUST COMPANY, N.A. 220 ALHAMBRA CIRCLE, 11TH FLOOR CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
Commercebank Trust Company, N.A. as Manager SIGNATURE: <u>1) [Signature]</u> <u>2) Maria Galero</u> <u>1/5/07</u> <u>(305) 441-5555</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							

1) Authorized Signature 2) Authorized Signature