


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90267 046 ***143.75

DOCUMENT # L05000098676		
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
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60018473



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

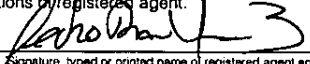
01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CTC MGMT SRVS., LLC 220 ALHAMBRA CIR 11TH FL CORAL GABLES, 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	Zip Code FL 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 	DATE 01/08/2008

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMMERCEBANK TRUST COMPANY, N.A. 220 ALHAMBRA CIRCLE, 11TH FLOOR CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mercantil Commercebank Trust, Comp, N.A. 220 Alhambra Circle, 11th Floor Coral Gables, Fl 33134 <input checked="" 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
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.	
SIGNATURE: 	DATE 01/08/2008 305-441-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	