2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State
03-23-2006 90260 019 ****50.00

DOCUMENT # L05000098853

1. Entity Name
RMG FUNDING GROUP LLC

Principal Place of Business	Mailing Address
782 N. LE JEUNE RD. #203 MIAMI, FL 33126	782 N. LE JEUNE RD. #203 MIAMI, FL 33126

2. Principal Place of Business	3. Mailing Address
10 NW 42ND. Ave	10 NW 42ND Ave
Suite, Apt. #, etc. Suite 509	Suite, Apt. #, etc. Suite 509
City & State MIAMI, FL	City & State MIAMI, FL
Zip FL 33126 Country USA	Zip 33126 Country USA

03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3611336 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RITA MARIA GOMEZ
782 N. LE JEUNE RD. #203
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name RITA MARIA GOMEZ
Street Address (P.O. Box Number is Not Acceptable) 10 NW 42ND. Ave Suite 509
City MIAMI FL Zip Code 33126

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 [signature] DATE 3/14/06
Signature of new or previous registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RITA MARIA GOMEZ 782 N. LE JEUNE RD. #203 MIAMI, FL 33126	☐ Delete	MGR RITA MARIA GOMEZ 10 NW 42ND. Ave, Suite 509 MIAMI, FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: [signature] 3/14/06 (305) 445-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #