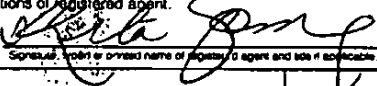


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 782 N. LE JEUNE RD. #203 MIAMI, FL 33126		Mailing Address 782 N. LE JEUNE RD. #203 MIAMI, FL 33126	
2. Principal Place of Business 10 NW 42ND AVE Suite, Apt. #, etc. SUITE 509 City & State MIAMI, FL Zip FL 33126 County BSA		3. Mailing Address 10 NW 42ND AVE Suite, Apt. #, etc. SUITE 509 City & State MIAMI, FL Zip 33126 Country USA	
03142006 Chg-LLC		CR2E083 (11/05)	
4. FEI Number 20-361133C		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 		DATE 3/14/06	
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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	HGR RITA MARIA GOMEZ 10 NW 42ND AVE, SUITE 509 MIAMI, FL 33126 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: 		DATE: 3/14/06 (305) 445-1222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Definite Phone #	