


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90046 020 ****50.00

DOCUMENT # L05000098853 1. Entity Name RMG FUNDING GROUP LLC					
Principal Place of Business 10 NW 42ND AVE STE 509 MIAMI, FL 33126			Mailing Address 10 NW 42ND AVE STE 509 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 10 N.W. 42nd AVE.		3. Mailing Address 10 N.W. 42nd AVE.			
Suite, Apt. #, etc. SUITE 400		Suite, Apt. #, etc. SUITE 400			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 20-3611336	
Zip 33126		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RITA MARIA GOMEZ 10 NW 42ND AVE STE 509 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name <u>RITA MARIA GOMEZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>10 NW 42ND AVE, SUITE 400</u> City <u>MIAMI</u> FL Zip Code <u>33126</u>		
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>Rita Gomez</u> <u>Rita Gomez - Manager</u> <u>4/17/07</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</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 RITA MARIA GOMEZ 10 NW 42ND AVE., STE 509 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, TIRSO 8831 SW 41 ST MIAMI, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, TIRSO 8831 SW 41 ST MIAMI, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, TIRSO 8831 SW 41 ST MIAMI, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, TIRSO 8831 SW 41 ST MIAMI, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, TIRSO 8831 SW 41 ST MIAMI, FL 33165	<input type="checkbox"/> Change <input checked="" 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: <u>Rita Gomez - Rita Gomez</u> <u>4/17/07</u> <u>(305) 445-1222</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					