

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90018 012 \*\*\*\*50.00

**DOCUMENT # L05000106706**

1. Entity Name  
**COMPETITIVE FUNDING, LLC**



Principal Place of Business  
**50 LEANNI WAY, UNIT A-1  
PALM COAST, FL 32137**

Mailing Address  
**P.O. BOX 351149  
PALM COAST, FL 32135**

2. Principal Place of Business

3. Mailing Address

**PO BOX 351149**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Palm Coast FLORIDA**

Zip

Country

Zip

Country

**32135**

**USA**

03172006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**22-3917837**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, typed or printed name of registered agent and the filer, as applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **ELSNER, FREDERICK III**  
STREET ADDRESS **50 LEANNI WAY, UNIT A-1**  
CITY - ST - ZIP **PALM COAST, FL 32137**

TITLE **MGR** ☐ Delete  
NAME **PAYNE, LEA**  
STREET ADDRESS **50 LEANNI WAY, UNIT A-1**  
CITY - ST - ZIP **PALM COAST, FL 32137**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Print the Name

**4-14-06**