

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112916

Entity Name: S & D FUNDING LLC

FILED
Jan 29, 2007
Secretary of State

Current Principal Place of Business:

2235 BANCROFT CIRCLE SOUTH #B
PALM HARBOR, FL 34683 US

New Principal Place of Business:

13819 3RD STREET
DADE CITY, FL 33525 US

Current Mailing Address:

PO BOX 530
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 76-0807173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLASSE, SUZANNE
2235 BANCROFT CIRCLE SOUTH #B
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

PLASSE, SUZANNE
13819 3RD STREET
DADE CITY, FL 33525 US

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.

SIGNATURE: SUZANNE PLASSE

01/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PLASSE, DENNIS
Address: 2235 BANCROFT CIRCLE SOUTH #B
City-St-Zip: PALM HARBOR, FL 34683 US

Title: MGRM () Delete
Name: PLASSE, SUZANNE
Address: 2235 BANCROFT CIRCLE SOUTH #B
City-St-Zip: PALM HARBOR, FL 34683 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PLASSE, DENNIS
Address: 13819 3RD STREET
City-St-Zip: DADE CITY, FL 33525 US

Title: MGRM (X) Change () Addition
Name: PLASSE, SUZANNE
Address: 13819 3RD STREET
City-St-Zip: DADE CITY, FL 33525 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUZANNE PLASSE

MGRM

01/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date