2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

06-20-2007 90050 009 ****50.00
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DOCUMENT # L06000004683

1. Entity Name
FASTRAC FUNDING OF FLORIDA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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06142007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
975 PINE RIDGE ROAD NAPLES, FL 34108	975 PINE RIDGE ROAD NAPLES, FL 34108

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2059 TRADE CENTER WAY	2059 TRADE CENTER WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34109 Country: COLLIER	Zip: 34109 Country: COLLIER

4. FEI Number: 20-4207359 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOCHBRUECKNER, KENNETH 975 PINE RIDGE ROAD NAPLES, FL 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOCHBRUECKNER, KENNETH 2059 TRADE CENTER WAY NAPLES, FL 34109	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: ______________________________ 6/14/07 646-210-7416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #