

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000024379**

1. Entity Name  
**RED MORTGAGE FUNDING GROUP, LLC**



Principal Place of Business  
**1761 W. HILLSBORO BLVD.  
SUITE 321  
DEERFIELD BEACH, FL 33442**

Mailing Address  
**1761 W. HILLSBORO BLVD.  
SUITE 321  
DEERFIELD BEACH, FL 33442**



02042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1231293**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MANDEL, DANIEL S  
2101 CORPORATE BLVD.  
SUITE 300  
BOCA RATON, FL., FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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)

**U000000873529**

**04/10/08-80096-021 138.75**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGRM  
BERNSTEIN, RICHARD  
1761 W. HILLSBORO BLVD. SUITE 321  
DEERFIELD BEACH, FL 33442**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGRM  
BERNSTEIN, DAVID  
1761 W. HILLSBORO BLVD. SUITE 321  
DEERFIELD BEACH, FL 33442**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGRM  
BERNSTEIN, EVAN  
1761 W. HILLSBORO BLVD. SUITE 300  
DEERFIELD BEACH, FL 33442**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**3/26/08**

Date

**(954) 428-7333**

Daytime Phone #