2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 02, 2007
Secretary of State

DOCUMENT# L06000058178

Entity Name: ADVANTAGE FUNDING LLC

Current Principal Place of Business:

3762 TAMIAMI TRAIL
E
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

3568 COLLUM AVE
NORTH PORT, FL 34288 US

New Mailing Address:

1837 SPANIEL AVE
NORTH PORT, FL 34288 US

FEI Number: 20-5014304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANASTASI, SANDRA
3568 COLLUM AVE
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

TOURVILLE, RONALD L MGRM
1837 SPANIEL AVE
NORTH PORT, FL 34288 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: RONALD L. TOURVILLE 01/02/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TOURVILLE, RONALD
Address: 3568 COLLUM AVE
City-St-Zip: NORTH PORT, FL 34288 US

Title: MGRM ( ) Delete
Name: ANASTASI, SANDRA
Address: 3568 COLLUM AVE
City-St-Zip: NORTH PORT, FL 34288 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TOURVILLE, RONALD
Address: 3568 COLLUM AVE
City-St-Zip: NORTH PORT, FL 34288 US

Title: MGR (X) Change ( ) Addition
Name: ANASTASI, SANDRA
Address: 3568 COLLUM AVE
City-St-Zip: NORTH PORT, FL 34288 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: RONALD L. TOURVILLE MGRM 01/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date