2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT				FILED	
DOCUMENT # L06000069944  1. Entity Name KINGDOM OUTPOST FUNDING, LLC				07 OCT 17 PM 4: 01	
1				SEC	RETARY OF STATE _AHASSEE, FLORIDA
Principal Place of Business	Mailing Address			TALL	_AHASSEE, FLORIDA
500 S. FLORIDA AVE	500 S. FLORIDA AVE	•			
340   Lakeland, fl 33801	340 ID. FL 33801 US LAKELAND, FL 33801 US				
LANCEAND, IL 33001 US			1 <b>18 8</b> 7 7 7 8 8 8 8 8 8 9 8 8 8 8 8 8 8 8 8 8	N 1644 CERU CHIE (1116 1616 CHE) BUBLE HI 1661	
2. Principal Place of Business - No P.O. Bo	pal Place of Business - No P.O. Box # 3. Mailing Address				
H34 S. Florida A ec.	Suite, Apt. #, etc.	Same as place of business. Suite, Apt. #, etc.			
Suite 300				04252007 Chg-LLC	CR2E083 (12/06)
City & State Lake land FL.	City & State	City & State		4. FEI Number 20-5511992	Applied For
Zip Country	Zip	Zip Country			Not Applicable  \$5.00 Additional
33801				5. Certificate of Status Desir	Fee Required
6. Name and Address of Current Registered Agent		- N	7. Name and Address of New Registered Agent Name		
EDWARD, ALLEN		ļ	Street Address (P.O. Box Number is Not Acceptable)		
500 S. FLORIDA AVE		Street Address		.U. Box Number is Not Accep	(able)
LAKELAND, FL 33801		}			
		C	ny		FL Zip Code
8. The above named entity submits this state	ement for the purpose of changing its	registered of	ice or registere	d agent, or both, in the State of	· - 1
the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of regist	tered agent and liftle if applicable (INOTE	Registered Age	signature required w	vhen reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007					Make check psyable to rita Department of State
<del></del>	MEMBERS/MANAGERS	10.		ADDITIO	NS/CHANGES
TITLE MGR NAME EDWARD, ALLEN	☐ Delete	TITLE NAME	{		Change Addition
STREET ADDRESS 500 S FLORIDA AVE		STREET AD	- )		
CITY-ST-ZIP LAKELAND, FL 33801		City-St-Z	P		
TITLE NAME	☐ Delete	TITLE NAME			☐ Change ☐ Addition
STREET ADDRESS		STREET ADI	1 ^ ~	1,-1,- 00-	ارد مسطه سرارد س
CITY-S?-ZIP		CITY-ST-Z	102	111101-4011	3-045- #50.00
TITLE	☐ Delete	TITLE NAME		, ,	☐ Change ☐ Addition
STREET ADDRESS		STREET ADE	ress		
CITY-ST-ZIP		CITY-ST-Z	·	<del></del>	
TITLE	☐ Delete	11TLE NAME			☐ Change ☐ Addition
STREET ADDRESS		STREET ADE	RESS		
CITY-ST-ZIP		CITY-ST-V	عند تا و	UCAD A CIDE	
TILE	☐ Delete	TITLE A		STATEN	Change Addition
NAME STREET ADDRESS		NAME STREET ADO	i i		_
CITY-SI-ZIP		CITY-ST-ZI	,		Ì
TITLE	☐ Delete	TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADD	RESS		
CITY-ST-ZIP		CITY-ST-ZI	- [		
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 signalityre 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 pseciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
71.107 V12182 in					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Dayline Proof #					