


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90037 026 \*\*\*\*50.00

<b>DOCUMENT # L06000076825</b> 1. Entity Name <b>GNL FUNDING GROUP, LLC.</b>					
Principal Place of Business <b>10 NW 42ND. AVE., SUITE 509 MIAMI, FL 33126</b>			Mailing Address <b>10 NW 42ND. AVE., SUITE 509 MIAMI, FL 33126</b>		
2. Principal Place of Business - No P.O. Box # <b>10 N.W. 42nd AVE.</b>		3. Mailing Address <b>10 N.W. 42nd AVE.</b>			
Suite, Apt. #, etc. <b>SUITE 400</b>		Suite, Apt. #, etc. <b>SUITE 400</b>			
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>		4. FEI Number <b>20-5313392</b>	
Zip <b>33126</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GOMEZ, RITA M 10 NW 42ND. AVE. SUITE 509 MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name <b>Rita M. Gomez</b> Street Address (P.O. Box Number is Not Acceptable) <b>10 NW 42ND AVE. Suite 400</b> City <b>MIAMI</b> FL Zip Code <b>33126</b>	
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 <b>Rita Gomez</b> <b>Rita M. Gomez - Manager</b> <b>4/17/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, RITA M 10 NW 42ND. AVE. SUITE 509 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, TIRSO 8831 SW 41 ST MIAMI, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, TIRSO 8831 SW 41 ST MIAMI, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, TIRSO 8831 SW 41 ST MIAMI, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, TIRSO 8831 SW 41 ST MIAMI, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, TIRSO 8831 SW 41 ST MIAMI, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.					
<b>SIGNATURE:</b> <b>Rita Gomez - Rita Gomez</b> <b>4/17/07 (305) 445-1222</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

60040275

