


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 14, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90375 047 \*\*\*\*50.00

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<b>DOCUMENT # L06000088180</b>	
1. Entity Name <b>ALLIED FUNDING LLC</b>	

Principal Place of Business <b>13345 ROLLING GREEN ROAD NORTH PALM BEACH, FL 33408</b>	Mailing Address <b>13345 ROLLING GREEN ROAD NORTH PALM BEACH, FL 33408</b>
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2. Principal Place of Business - No P.O. Box # <b>11770 US Highway 1</b>	3. Mailing Address <b>11770 US Highway 1</b>
Suite, Apt. #, etc. <b>Suite 204E</b>	Suite, Apt. #, etc. <b>Suite 204E</b>

City & State <b>North Palm Beach, FL</b>	City & State <b>North Palm Beach, FL</b>
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Zip <b>33409-3026</b>	Country <b>USA</b>	Zip <b>33408-3026</b>	Country <b>USA</b>
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05102007 Chg-LLC CR2E083 (12/06)

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		
<b>LUBS-STEVENSON, PEGGY</b> <b>13345 ROLLING GREEN ROAD</b> <b>NORTH PALM BEACH, FL 33408</b>		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		

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.

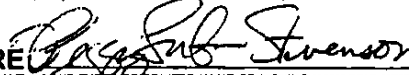
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lubs-Stevenson, Peggy 13345 Rolling Green Road North Palm Beach, FL 33408-2125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.

**SIGNATURE**  **Peggy Lubs-Stevenson** **May 10, 2007** **561-340-0887**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #