2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008
Secretary of State

DOCUMENT# L06000115177

Entity Name: DUPONT FUNDING PARTNERS LLC

Current Principal Place of Business:

28050 US HWY 19 NORTH
SUITE 400
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

28050 US HWY 19 NORTH
SUITE 400
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 20-5966008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KOUTSOUBOS, JAMES
28050 US HWY 19 NORTH
SUITE 400
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	CONDO, JOHN	
Address:	28050 US HWY 19 NORTH, STE 400	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	MGR	( ) Delete
Name:	KOUTSOUBOS, IOANNIS	
Address:	28050 US HWY 19 NORTH, STE 400	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	MGR	( ) Delete
Name:	KOUTSOUBOS, GIA	
Address:	28050 US HWY 19 NORTH, STE 400	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	MGRM	( ) Delete
Name:	GEORGIADIS, DR. ERIC	
Address:	28050 US HWY 19 NORTH, STE 400	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	MGRM	( ) Delete
Name:	EMANDI, DR. RAO	
Address:	28050 US HWY 19 NORTH, STE 400	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	MGRM	( ) Delete
Name:	VERDI, JOSEPH	
Address:	28050 US HWY 19 NORTH, STE 400	
City-St-Zip:	CLEARWATER, FL 33761	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: JOHN CONDO MGR 05/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date