

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115177

FILED
Apr 23, 2010
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

DUPONT ALLIANCE LLC
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
Name: CONDO, JOHN
Address: 28050 US HWY 19 NORTH, STE 400
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGR
Name: KOUTSOUBOS, IOANNIS DR
Address: 28050 US HWY 19 NORTH, STE 400
City-St-Zip: CLEARWATER, FL 33761 GR

Title: MGR
Name: KOUTSOUBOS, GIA
Address: 28050 US HWY 19 NORTH, STE 400
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGRM
Name: GEORGIADIS, EVRIPIDIS DR
Address: 28050 US HWY 19 NORTH, STE 400
City-St-Zip: CLEARWATER, FL 33761

Title: MGR
Name: AVIS, RICHARD JD
Address: 28050 US HWY 19 NORTH, STE 400
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGR
Name: TZANAVARAS, KOSTANTINOS JD
Address: 28050 US HWY 19 NORTH, STE 400
City-St-Zip: CLEARWATER, FL 33761 GR

I hereby 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

04/23/2010

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