

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000123080

FILED
Nov 26, 2007
Secretary of State

Entity Name: ALLIANCE CAPITAL FUNDING, LLC

Current Principal Place of Business:

3101 N. FEDERAL HIGHWAY
303
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

3100 NE 48 STREET
310
FORT LAUDERDALE, FL 33308

Current Mailing Address:

3100 NE 48 STREET
310
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 20-8221090 **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:

Name and Address of New Registered Agent:

DALSTROM, KIRSTEN A
3100 NE 48 STREET
310
FORT LAUDERDALE, FL 33308 US

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: KIRSTEN A DALSTROM

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: DALSTROM, KIRSTEN A
Address: 3100 NE 48 STREET #310
City-St-Zip: FORT LAUDERDALE, FL 33308

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

Title: MGRM (X) Delete
Name: GAMBRILL, PAULA J
Address: 4250 GALT OCEAN DRIVE #2-G
City-St-Zip: FORT LAUDERDALE, FL 33308

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: KIRSTEN A DALSTROM

MGR

11/26/2007

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