


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90051 043 ***138.75

DOCUMENT # L07000022616

1. Entity Name
RIDAN FUNDING, LLC



Principal Place of Business
201 S BISCAYNE BLVD STE 1500 (AGS)
MIAMI, FL 33131

Mailing Address
201 S BISCAYNE BLVD STE 1500 (AGS)
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #
15 Paradise Plaza

3. Mailing Address
15 Paradise Plaza

Suite, Apt. #, etc.
Unit 228

Suite, Apt. #, etc.
Unit 228

City & State
Sarasota, FL


City & State
Sarasota, FL

Zip
34239

Country
Sarasota

Zip
34239

Country
Sarasota



04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-2443283

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD STE 1500 (AGS)
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Freeman, William T.

Street Address (P.O. Box Number is Not Acceptable)
15 Paradise Plaza, Unit 228

City
Sarasota

FL Zip Code
34239

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 *William T Freeman* DATE **4-21-2008**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bizick II, Ronald G. 15 Paradise Plaza, Unit 228 Sarasota, FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Freeman, William T. 15 Paradise Plaza, Unit 228 Sarasota, FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Grain, David J. 15 Paradise Plaza, Unit 228 Sarasota, FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *William T Freeman* DATE **4-21-2008** Daytime Phone # **941-400-2222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE