
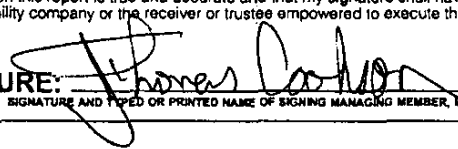


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
08 APR 15 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L07000035868</b>					
1. Entity Name FLORIDA GAP FUNDING, LLC					
Principal Place of Business ONE SOUTHEAST THIRD AVENUE, 25TH FLOOR MIAMI, FL 33131			Mailing Address ONE SOUTHEAST THIRD AVENUE, 25TH FLOOR MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-8776223	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Luis E. Diaz Street Address (P.O. Box Number is Not Acceptable) Sharff, Wittmer, Kurtz & Jackson, P.A. 4627 Ponce de Leon Boulevard City Coral Gables FL Zip Code 33146		
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 (Luis E. Diaz) 4/16/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
		MGR J. Thomas Cookson One Southeast Third Avenue, 25th FL Miami, Florida 33131			
			<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: 			(J. Thomas Cookson, Manager)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date (305) 374-5200		