

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044731

Entity Name: NUMBER 1 FUNDING, LLC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

215 CELEBRATION PL
STE 330
CELEBRATION, FL 34747 US

Current Mailing Address:

215 CELEBRATION PL
STE 330
CELEBRATION, FL 34747 US

New Principal Place of Business:

215 CELEBRATION PL
STE 100
CELEBRATION, FL 34747 US

New Mailing Address:

215 CELEBRATION PL
STE 100
CELEBRATION, FL 34747 US

FEI Number: 20-8920316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QIAO, CHANGYU
215 CELEBRATION PL
STE 330
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

QIAO, CHANGYU
215 CELEBRATION PL
STE 100
CELEBRATION, FL 34747 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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: QIAO, CHANGYU
Address: 215 CELEBRATION PL STE 330
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGRM (X) Delete
Name: LIU, JIA
Address: 215 CELEBRATION PL STE 330
City-St-Zip: CELEBRATION, FL 34747 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: QIAO, CHANGYU
Address: 215 CELEBRATION PL STE 100
City-St-Zip: CELEBRATION, FL 34747 US

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: CHANGYU QIAO

OWNE

04/29/2008

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