

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067631

**FILED**  
**Feb 16, 2009**  
**Secretary of State**

**Entity Name:** ZEPHYR CAPITAL FUNDING #7, LLC

**Current Principal Place of Business:**

1680 MICHIGAN AVENUE  
SUITE 700  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

511 NORTH TEJON STREET  
SUITE 220  
COLORADO SPRINGS, CO 80903

**New Mailing Address:**

720 NORTH 3RD STREET  
SUITE 202  
WILMINGTON, NC 28401

**FEI Number:** 26-1850628

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIZZO, LAWRENCE  
1680 MICHIGAN AVENUE  
SUITE 700  
MIAMI BEACH, FL 33140 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:** MGRM ( ) Delete  
**Name:** SCHONINGER, CHARLES J  
**Address:** 511 NORTH TEJON STREET, #220  
**City-St-Zip:** COLORADO SPRINGS, CO 80903

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** SCHONINGER, CHARLES J  
**Address:** 720 NORTH 3RD STREET, SUITE 202  
**City-St-Zip:** WILMINGTON, NC 28401

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:** CHARLES J SCHONINGER

MGRM

02/16/2009

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