

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000069471

FILED
Apr 19, 2009
Secretary of State

Entity Name: H & M CAPITAL FUNDING GROUP, LLC

Current Principal Place of Business:

4780 DAVIE ROAD SUITE 100
FORT LAUDERDALE, FL 33314

New Principal Place of Business:

2924 DAVIE ROAD SUITE 203
DAVIE, FL 33314

Current Mailing Address:

4780 DAVIE ROAD SUITE 100
FORT LAUDERDALE, FL 33314

New Mailing Address:

2924 DAVIE ROAD SUITE 203
DAVIE, FL 33314

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARRY MOSKOWITZ, P. A.
4780 DAVIE ROAD SUITE 100
FORT LAUDERDALE, FL 33314 US

Name and Address of New Registered Agent:

LARRY MOSKOWITZ, P.A.
2924 DAVIE ROAD
SUITE 203
DAVIE, FL 33314 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: LARRY MOSKOWITZ, P.A.

04/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOSKOWITZ, LARRY
Address: 4780 DAVIE ROAD SUITE 100
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOSKOWITZ, LARRY
Address: 2924 DAVIE ROAD SUITE 203
City-St-Zip: DAVIE, FL 33314

Title: MGR () Change (X) Addition
Name: CHRISTINA, ROSARIO
Address: 2924 DAVIE ROAD SUITE 203
City-St-Zip: DAVIE, FL 33314

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: LARRY MOSKOWITZ

MGRM

04/19/2009

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