2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# L07000086942

Entity Name: MES AMIS FUNDING, LLC

Current Principal Place of Business:

9350 SOUTH DIXIE HIGHWAY
SUITE 1480
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

9350 SOUTH DIXIE HIGHWAY
SUITE 1480
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 26-0842793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESPINO, LUIS A
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 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:	SANCHEZ, ALEJANDRO G	
Address:	9350 SOUTH DIXIE HIGHWAY, #1480	
City-St-Zip:	MIAMI, FL 33156 US	
Title:	MGRM	( ) Delete
Name:	GUNTHERT, GERARD	
Address:	6085 LAKE FORREST DRIVE, STE 300-D	
City-St-Zip:	ATLANTA, GA 30328 US	
Title:	MGRM	( ) Delete
Name:	GARCIA, GENARO R	
Address:	8603 SOUTH DIXIE HIGHWAY, STE 208	
City-St-Zip:	MIAMI, FL 33143 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ALEJANDRO SANCHEZ MGRM 01/27/2009

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