

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000128000

Entity Name: SNT CAPITAL FUNDING, LLC

FILED  
Apr 20, 2011  
Secretary of State

**Current Principal Place of Business:**

4912 CREEKSIDE DRIVE  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

4912 CREEKSIDE DRIVE  
CLEARWATER, FL 33760

**New Mailing Address:**

FEI Number: 26-4512281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOLDEN, JONATHAN  
4912 CREEKSIDE DRIVE  
CLEARWATER, FL 33760 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  
Name: THE CENTER FOR SPECIAL NEEDS TRUST ADM  
Address: 4912 CREEKSIDE DRIVE  
City-St-Zip: CLEARWATER, FL 33760

I hereby 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: THE CENTER FOR SPECIAL NEEDS TRUST ADMIN MGRM 04/20/2011

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