

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115232

**FILED**  
**Mar 26, 2009**  
**Secretary of State**

**Entity Name:** EASTERN STATES FUNDING GROUP, LLC

**Current Principal Place of Business:**

660 TAMIAMI TRAIL, N  
SUITE 31  
NAPLES, FL 34102

**New Principal Place of Business:**

5633 STRAND BLVD  
SUITE 304  
NAPLES, FL 34110

**Current Mailing Address:**

660 TAMIAMI TRAIL, N  
SUITE 31  
NAPLES, FL 34102

**New Mailing Address:**

5633 STRAND BLVD  
SUITE 304  
NAPLES, FL 34110

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

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

JAFFE, JOSEPH H  
660 TAMIAMI TRAIL, N  
SUITE 31  
NAPLES, FL 34102 US

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

JAFFE, JOSEPH H  
5633 STRAND BLVD  
SUITE 304  
NAPLES, FL 34110 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: \_\_\_\_\_

03/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JAFFE, JOSEPH H  
Address: 660 TAMIAMI TRAIL, N  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JAFFE, JOSEPH H  
Address: 5633 STRAND BLVD  
City-St-Zip: NAPLES, FL 34110

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: JHJAFFE

MGRM

03/26/2009

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