

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000072494

Entity Name: LBA FUNDING, LLC

FILED  
Feb 15, 2012  
Secretary of State

**Current Principal Place of Business:**

501 RIVERSIDE AVE  
800  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

501 RIVERSIDE AVE  
800  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

FEI Number: 27-3008137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VON STEIN, NEAL J  
501 RIVERSIDE AVE  
800  
JACKSONVILLE, FL 32202 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: VON STEIN, NEAL J  
Address: 501 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGRM  
Name: HINCKLEY, ROBERT W  
Address: 501 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGRM  
Name: BRINSON, DAVID A  
Address: 501 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGRM  
Name: WHITE, JAMES R  
Address: 501 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32202 US

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: NEAL J VON STEIN

MGRM

02/15/2012

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