

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000085695

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** RESTORATION FUNDING, LLC

**Current Principal Place of Business:**

800 MAITLAND AVENUE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

800 MAITLAND AVENUE  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 45-2831839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHARD A. BARBER C.P.A. P.A.  
803 SHALLOW BROOK AVE  
WINTER SPRINGS, FL 32708 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:** BASS, JAMES M  
**Address:** 776 BEAR CREEK CIRCLE  
**City-St-Zip:** WINTER SPRINGS, FL 32708

**Title:** MGRM  
**Name:** RALEY, WILLIAM H JR  
**Address:** 4814 E. LAKE DRIVE  
**City-St-Zip:** WINTER SPRINGS, FL 32708

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:** JAMES M BASS

MGRM

05/01/2012

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