

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003123

Entity Name: L.T. FUNDING, LLC

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

600 MOUNTAIN AVENUE, SUITE 3C-515
MURRAY HILL, NJ 07974

New Principal Place of Business:

Current Mailing Address:

800 NORTH POINT PKWY
ROOM 83N380G
ALPHARETTA, GA 30005

New Mailing Address:

800 NORTH POINT PKWY
ATTN: BUSINESS LICENSE DEPT
ALPHARETTA, GA 30005

FEI Number: 51-0389742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: LUCENT TECHNOLOGIES,, INC.
Address: 600-700 MOUNTAIN AVENUE, SUITE 3C-515
City-St-Zip: MURRAY HILL, NJ 07974

Title: MGR () Delete
Name: KELLER, TIMOTHY P
Address: 600-700 MOUNTAIN AVE
City-St-Zip: MURRAY HILL, NJ 07974

Title: MGR () Delete
Name: MCGLONE, DENISE VPT
Address: 600-700 MOUNTAIN AVE
City-St-Zip: MURRAY HILL, NJ 07974

Title: MGR () Delete
Name: SCHACKNIES, FRED AT
Address: 600-700 MOUNTAIN AVE
City-St-Zip: MURRAY HILL, NJ 07974

Title: MGR () Delete
Name: VICKERS, JAMES AS
Address: 800 NORTH POINT PARKWAY
City-St-Zip: ALPHARETTA, GA 30005

Title: MGR () Delete
Name: BATTLE, DORIS AS
Address: 800 NORTH POINT PKWY
City-St-Zip: ALPHARETTA, GA 30005

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: GLENN, GUNN VPT
Address: 3400 W PLANO PARKWAY
City-St-Zip: PLANO, TX 75075

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: DORIS BATTLE

AS

04/22/2008

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