

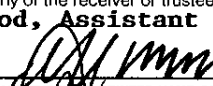


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90040 030 \*\*\*\*50.00

<b>DOCUMENT # M00000000046</b> 1. Entity Name <b>DANKA FUNDING COMPANY, LLC</b>					
Principal Place of Business <b>11201 DANKA CIRCLE NORTH C/O CORP. TAX DEPT. ST. PETERSBURG, FL 33716</b>			Mailing Address <b>11201 DANKA CIRCLE NORTH C/O CORP. TAX DEPT. ST. PETERSBURG, FL 33716</b>		
2. Principal Place of Business <b>11101 Roosevelt Blvd.</b> Suite, Apt. #, etc. <b>c/o Corp. Tax Dept.</b>		3. Mailing Address <b>11101 Roosevelt Blvd.</b> Suite, Apt. #, etc. <b>c/o Corp. Tax Dept.</b>			
City & State <b>St. Petersburg, FL 33716</b>		City & State <b>St. Petersburg, FL 33716</b>		4. FEI Number <b>22-3423999</b>	
Zip <b>33716</b>		Country <b>Pinellas</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DANKA OFFICE IMAGING COMPANY 11201 DANKA CIRCLE N ST PETERSBURG, FL 33716</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11101 Roosevelt Blvd. St. Petersburg, FL 33716</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. <b>Jeff T. Wood, Assistant Secretary, Danka Office Imaging Company, Sole Member</b>					
<b>SIGNATURE:</b> 			<b>4/15/04 (727) 622-6726</b> Date Daytime Phone #		