

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 A.M.
Secretary of State

DOCUMENT # M00000002570

1. Entity Name
VEF IV FUNDING, LLC



Principal Place of Business
**ATTN: ANN CAMPBELL
3424 PEACHTREE RD., STE 800
ATLANTA, GA 30326**

Mailing Address
**ATTN: ANN CAMPBELL
3424 PEACHTREE RD., STE 800
ATLANTA, GA 30326**



04272006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2506276

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 *Dale W. Morris*
Signature, typed or printed name of registered agent and title if applicable.

**DALE W. MORRIS
ASSISTANT VICE PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

4/28/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BREON, STANTON B 3424 PEACHTREE RE., #800 ATLANTA, GA 30326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS HILL, JOSEPH A 3424 PEACHTREE RE., #800 ATLANTA, GA 30326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT HUANG, HOWARD 3424 PEACHTREE RD., NE, #400 ATLANTA, GA 30326 |
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Dale W. Morris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/06 *Attorney in fact*
Date Daytime Phone #