2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90451 016 ****58.75

DOCUMENT # M03000000924

1. Entity Name
SUN MORTGAGE AND FUNDING, LLC

Principal Place of Business	Mailing Address
25 THURBER BLVD., SUITE 5 SMITHFIELD, RI 02917	25 THURBER BLVD., SUITE 5 SMITHFIELD, RI 02917

04092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
90 Quaker Lane		same as number 2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Warwick, RI		City & State	
Zip: 02886	Country: US	Zip	Country

4. FEI Number 03-0429620 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERDUCHI, RICAHRD A 25 THURBER BLVD., SUITE 5 SMITHFIELD, RI 02917	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Anthony Verduchi 90 Quaker Lane Warwick, RI 02886	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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.

SIGNATURE: [signature] 4/14/04 877-987-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #