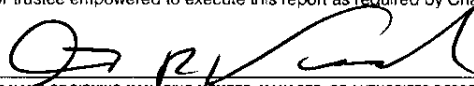


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 25 THURBER BLVD., SUITE 5 SMITHFIELD, RI 02917			Mailing Address 25 THURBER BLVD., SUITE 5 SMITHFIELD, RI 02917		
2. Principal Place of Business 90 Quaker Lane Suite, Apt. #, etc.		3. Mailing Address same as number 2 Suite, Apt. #, etc.			
City & State Warwick, RI Zip 02886		City & State Zip Country US		City & State 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 NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when constituting) Signature, typed or printed name of registered agent and title, if applicable.					
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, RICARDO 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.					
SIGNATURE: 			Date 4/14/04		Daytime Phone # 877-987-1800