2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000002526

1. Entity Name
ANM FUNDING LLC

Principal Place of Business	Mailing Address
4203 13TH AVENUE BROOKLYN, NY 11219	4203 13TH AVENUE BROOKLYN, NY 11219

07062004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3661852
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BLANCHARD, DOMINIQUE
7904 WEST DR. UNIT 801
NORTHBAY VILLAGE, FL 33141

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

Filing Fee is $50.00
Due by September 8, 2004

000000166976
07/19/04-80006-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GROSS, MOSES
STREET ADDRESS	4203 13TH AVENUE
CITY-ST-ZIP	BROOKLYN, NY 11219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Title Daytime Phone #