

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000003349

1. Entity Name
C-BASS FUNDING LLC



Principal Place of Business
**335 MADISON AVENUE, 19TH FLOOR
NEW YORK, NY 10017**

Mailing Address
**335 MADISON AVENUE, 19TH FLOOR
NEW YORK, NY 10017**



01062004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FE# Number
13-3997148

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
CREDIT-BASED ASSET SERV. & SECURTYZTN., LLC
335 MADISON AVENUE, 19TH FLOOR
NEW YORK, NY 10017**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
C-BASS FUNDING MANAGER INC.
335 MADISON AVENUE, 19TH FLOOR
NEW YORK, NY 10017**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

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000000004372
01/15/04-80009-016 55.00

**DO NOT WRITE
IN THIS SPACE**

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: Shari Kushner

SHARI L. KUSHNER

01/06/2004 (212) 8507708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #