

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003487

FILED
Jul 13, 2004
Secretary of State

Entity Name: CONSOLIDATED CAPITAL FUNDING LLC

Current Principal Place of Business:

271 MADISON AVENUE, SUITE 1400
NEW YORK, NY 10016

New Principal Place of Business:

Current Mailing Address:

271 MADISON AVENUE, SUITE 1400
NEW YORK, NY 10016

New Mailing Address:

FEI Number: 11-3559619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, N. DWAYNE JR.
135 WEST CENTRAL BLVD., SUITE 1100
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ZBOROWSKI, MARK
Address: 271 MADISON AVENUE, SUITE 1400
City-St-Zip: NEW YORK, NY 10016

Title: MGR () Delete
Name: HEINLEIN, GEORGE
Address: 271 MADISON AVENUE, SUITE 1400
City-St-Zip: NEW YORK, NY 10016

Title: MGR () Delete
Name: CASSATA, ROSARIO
Address: 271 MADISON AVENUE, SUITE 1400
City-St-Zip: NEW YORK, NY 10016

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARK ZBOROWSKI

MGR

07/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date