

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90030 026 \*\*\*\*50.00

**DOCUMENT # M03000003487**

1. Entity Name  
**CONSOLIDATED CAPITAL FUNDING LLC**



Principal Place of Business  
**271 MADISON AVENUE, SUITE 1400  
NEW YORK, NY 10016**

Mailing Address  
**271 MADISON AVENUE, SUITE 1400  
NEW YORK, NY 10016**

**DO NOT WRITE IN THIS SPACE**



04222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**11-3559619**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GRAY, N. DWAYNE JR.  
135 WEST CENTRAL BLVD., SUITE 4400  
ORLANDO, FL 32801  
201 E. PINE STREET, STE. 500  
ORLANDO, FL 32801**

**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)

**4/29/05**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
ZBOROWSKI, MARK  
271 MADISON AVENUE, SUITE 1400  
NEW YORK, NY 10016**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
HEINLEIN, GEORGE  
271 MADISON AVENUE, SUITE 1400  
NEW YORK, NY 10016**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
CASSATA, ROSARIO  
271 MADISON AVENUE, SUITE 1400  
NEW YORK, NY 10016**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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:**

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

**N. DWAYNE GRAY, JR., AUTHORIZED REPRESENTATIVE**

**4/29/05**  
Date

**407-425-6559**  
Daytime Phone #