

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2007 08:00 A
Secretary of State

DOCUMENT # M03000003487

1. Entity Name

CONSOLIDATED CAPITAL FUNDING LLC



Principal Place of Business

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

Mailing Address

**217 N WESTMONTE DRIVE
#1007
ALTAMONTE SPRINGS, FL 32714**



04132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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.
201 E PINE ST, 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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**000000713076
04/26/07-80074-017 50.00**

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 exemptions contained in Chapter 119, 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

4/12/07 407-425-6559

Date

Daytime Phone #