


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90089 046 \*\*\*138.75

<b>DOCUMENT # M03000003487</b>			
1. Entity Name <b>CONSOLIDATED CAPITAL FUNDING LLC</b>			
Principal Place of Business <b>271 MADISON AVENUE, SUITE 1400 NEW YORK NY 10016</b>		Mailing Address <b>217 N WESTMONTE DRIVE #1007 ALTAMONTE SPRINGS FL 32714</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>888 Veterans Memorial Hwy</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 430</b>	
City & State		City & State <b>Hempstead NY</b>	
Zip	Country	Zip	Country
		<b>11788</b>	<b>USA</b>



1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent <b>GRAY, N. DWAYNE JR. 201 E PINE ST, STE 500 ORLANDO FL 32801</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75 \*\***  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ZBOROWSKI, MARK 271 MADISON AVENUE, SUITE 1400 NEW YORK NY 10016</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HEINLEIN, GEORGE 271 MADISON AVENUE, SUITE 1400 NEW YORK NY 10016</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>George Heinlein</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>888 Veterans Memorial Hwy Suite 430</b> <b>Hempstead, NY 11788</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CASSATA, ROSARIO 271 MADISON AVENUE, SUITE 1400 NEW YORK NY 10016</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/30/08** **6031-366-3333**