

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000000533 1. Entity Name NRF FUNDING LLC			
Principal Place of Business 9 SOUTH LONG BEACH ROAD ROCKVILLE CENTRE, NY 11570		Mailing Address 9 SOUTH LONG BEACH ROAD ROCKVILLE CENTRE, NY 11570	
2. Principal Place of Business SAME Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State 11		City & State 11	
Zip 11		Country 11	
4. FEI Number 01-0784407			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FLORIDA COMPLIANCE SPECIALISTS 2331 HANSEN PLACE TALLAHASSEE, FL 32301			
7. Name and Address of New Registered Agent Name NRF Funding LLC Street Address (P.O. Box Number is Not Acceptable) 1031 Eves Dairy Rd. STE 119 City Miami FL Zip Code 33127			
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 Richard Madden DATE 3/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM SKARREN, FRANK T 9 SOUTH LONG BEACH ROAD ROCKVILLE CENTRE, NY 11570	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Madden, Richard	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM MADDEN, RICHARD 9 SOUTH LONG BEACH ROAD ROCKVILLE CENTRE, NY 11570	<input 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
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
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 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 606, Florida Statutes. SIGNATURE: 3/15/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

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 SECRETARY OF STATE
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