

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002634

FILED  
Jul 07, 2005  
Secretary of State

**Entity Name:** ROCKWORTH CAPITAL FUNDING, LLC

**Current Principal Place of Business:**

3390 PEACHTREE RD NE  
SUITE 300  
ATLANTA, GA 30326

**New Principal Place of Business:**

5607 GLENRIDGE DR.  
SUITE 430  
ATLANTA, GA 30342

**Current Mailing Address:**

3390 PEACHTREE RD NE  
SUITE 300  
ATLANTA, GA 30326

**New Mailing Address:**

5607 GLENRIDGE DR.  
SUITE 430  
ATLANTA, GA 30342

**FEI Number:** 27-0054548      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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/MANAGERS:**

Title: MGR ( ) Delete  
Name: JOHNSTON, CHRIS  
Address: 3390 PEACHTREE RD NE  
City-St-Zip: ATLANTA, GA 30326

Title: MGR (X) Delete  
Name: ROBINSON, MARC  
Address: 3390 PEACHTREE RD NE  
City-St-Zip: ATLANTA, GA 30326

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JOHNSTON, CHRISTOPHER B  
Address: 5607 GLENRIDGE DR - STE. 430  
City-St-Zip: ATLANTA, GA 30342

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: CHRISTOPHER B. JOHNSTON

MGR

07/07/2005

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