

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003006

FILED
Jul 03, 2008
Secretary of State

Entity Name: GUARDIAN FIRST FUNDING GROUP, LLC

Current Principal Place of Business:

ONE PENN PLAZA
SUITE 629
NEW YORK, NY 10119

New Principal Place of Business:

Current Mailing Address:

ONE PENN PLAZA
SUITE 629
NEW YORK, NY 10119

New Mailing Address:

FEI Number: 20-1311056 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: MGRM () Delete
Name: STARK, ROBERT
Address: 27 HAMLET DR.
City-St-Zip: PLAINVIEW, NY 11803

Title: MGRM () Delete
Name: FIDEL, MARK N
Address: 6 PINE RD
City-St-Zip: SYOSSETK, NY 11791

Title: MGRM () Delete
Name: LEVY, RAFAEL JASON
Address: 126 SAGAMORE DRIVE
City-St-Zip: PLAINVIEW, NY 11803

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT STARK

MGRM

07/03/2008

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