2007 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # M04000004932** U.S. CAPITAL FUNDING, LLC Principal Place of Business Mailing Address 510 HEMPSTEAD TURNPIKE **510 HEMPSTEAD TURNPIKE** SUITE 206 SUITE 206 WEST HEMPSTEAD, NY 11552 WEST HEMPSTEAD, NY 11552 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

FILED Mar 29, 2007 08:00 AM Secretary of State



03062007 No Chg-LLC

CR2E083 (11/05)

Daysime Phone 6-76-565-39

4. FEt Number 20-1177398	Applied For Not Applicable	
20-11//390	 INOL Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

DO	NOT	WRITE
IN T	THIS	SPACE

	VICES, INC. CUTIVE PARK DRIVE FL 33331	DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the purpose of changing its regist ions of registered agent.	ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATORES	Signature, typed or printed name of registered agent and little if applicable. (NOTE: Regist	ared Agent signature required when reinstating) DATE		
Fi D	iling Fee is \$50.00 ue by May 1, 2007	U00000683397 04/05/07-80043-017 50.00		
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEPASQUALE, CARL JR. 510 HEMPSTEAD TURNPIKE WEST HEMPSTEAD, NY 11552			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALACQUA, SAVERIO 510 HEMPSTEAD TURNPIKE WEST HEMPSTEAD, NY 11552			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CHTY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 me 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 exprovered to execute this report as required by Chapter 608, Florida Statutes.				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE