2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2006
Secretary of State

DOCUMENT# M05000003336

Entity Name: MOUNTAIN FUNDING, LLC

Current Principal Place of Business:

11600 NORTH COMMUNITY HOUSE RD., STE 250
CHARLOTTE, NC 28277

New Principal Place of Business:

13860 BALLANTYNE CORPORATE PLACE
SUITE 130
CHARLOTTE, NC 28277

Current Mailing Address:

11600 NORTH COMMUNITY HOUSE RD., STE 250
CHARLOTTE, NC 28277

New Mailing Address:

13860 BALLANTYNE CORPORATE PLACE
SUITE 130
CHARLOTTE, NC 28277

FEI Number: 56-2182024 **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:

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

Name and Address of New Registered Agent:

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: MICHELLE HODGES

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FIORETTI, PETER J
Address: 11600 NORTH COMMUNITY HOUSE RD., STE 250
City-St-Zip: CHARLOTTE, NC 28277

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: FIORETTI, PETER J
Address: 13860 BALLANTYNE CORPORATE PLACE SUITE 130
City-St-Zip: CHARLOTTE, NC 28277

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER J FIORETTI, MANAGING MEMBER, CEO CEO 10/05/2006

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