

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M05000003613

1. Entity Name
AMTEC FUNDING GROUP, LLC



Principal Place of Business
1666 N. MAIN STREET
SUITE 202
SANTA ANA, CA 92701

Mailing Address
1666 N. MAIN STREET
SUITE 202
SANTA ANA, CA 92701

FILED
Feb 26, 2007 08:00 AM
Secretary of State



02212007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2473450

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

000000648418
03/07/07-800008-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PEPE, SPENCER D
1666 N. MAIN STREET SUITE 202
SANTA ANA, CA 92701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROTTER, DANIEL M
1666 N. MAIN STREET SUITE 202
SANTA ANA, CA 92701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
O'BRIEN, JOHN K
12453 BEL-RED ROAD #250A
BELLEVUE, WA 98005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KHOURY, SAMY
12453 BEL-RED ROAD #250A
BELLEVUE, WA 98005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

2/22/2007

(714)245-5192