2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004550

Address:

City-St-Zip:

100 SECOND AVENUE SOUTH

ST. PETERSBURG, FL 33701

Entity Name: NATTYMAC FUNDING LLC

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 100 SECOND AVENUE SOUTH STE 200N ST. PETERSBURG, FL 33701 **New Mailing Address: Current Mailing Address:** 100 SECOND AVENUE SOUTH **STE 200N** ST. PETERSBURG, FL 33701 FEI Number: 20-2965120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OLSTER, BRUCE 100 SECOND AVENUE SOUTH STE 200N ST. PETERSBURG, FL 33701 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete IRVIN. THOMAS Name: Name: 100 SECOND AVENUE SOUTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: Title: MGR Title: () Delete () Change () Addition MORLEY, J. TODD Name: Name: Address: 100 SECOND AVENUE SOUTH Address: City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: Title: MGR () Delete Title: () Change () Addition PETERSON, JAMES Name: Name: 100 SECOND AVENUE SOUTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: CHRISTEL, DAVID J Name: 100 SECOND AVENUE SOUTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: Title: MGR () Delete Title: () Change () Addition OLSTER, BRUCE A Name: Name: 100 SECOND AVENUE SOUTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: Title: () Delete Title: (X) Change () Addition STIDD, ANDREW L RUSSO, JILL A Name: Name:

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.

Address:

City-St-Zip:

68 SOUTH SERVICE ROAD, SUITE 120

MELVILLE, NY 11747

SIGNATURE: THOMAS J. IRVIN MGR 03/18/2009