2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# M06000002422

Entity Name: CENTRE POINT FUNDING, LLC

Current Principal Place of Business:

6 SYLVAN WAY
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

6 SYLVAN WAY
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: ____________________
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NELSON, RONALD L
Address: 6 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054 US

Title: MGR ( ) Delete
Name: WYSHNER, DAVID B
Address: 6 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054 US

Title: MGR ( ) Delete
Name: ABEDINE, BENJAMIN B
Address: 48 WALL STREET
City-St-Zip: NEW YORK, NY 10005 US

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: DAVID B. WYSHNER MGR 04/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date