


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90049 035 ****55.00

DOCUMENT # M06000003459

1. Entity Name
NEW HAVEN FUNDING LLC



Principal Place of Business Mailing Address
65 ROOSEVELT AVE STE 103 **65 ROOSEVELT AVE STE 103**
VALLEY STREAM, NY 11581 **VALLEY STREAM, NY 11581**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
60 Hempstead Avenue **60 Hempstead Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 205 **Suite 205**
 City & State City & State
West Hempstead, NY **West Hempstead NY**
 Zip Country Zip Country
11552 **NASSAU** **11552** **NASSAU**



01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-0878461 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STANBER, DANIEL
2601 BISCAYNE BLVD
MIAMI, FL 33138

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KATSMAN, AARON I 65 ROOSEVELT AVE STE 103 VALLEY STREAM, NY 11581 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ **4/23/07** Date Daytime Phone # _____

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