


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 65 ROOSEVELT AVE STE 103 VALLEY STREAM, NY 11581	Mailing Address 65 ROOSEVELT AVE STE 103 VALLEY STREAM, NY 11581
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2. Principal Place of Business - No P.O. Box # 60 Hempstead Avenue Suite, Apt. #, etc. Suite 205 City & State West Hempstead, NY Zip 11552 Country NASSAU	3. Mailing Address 60 Hempstead Avenue Suite, Apt. #, etc. Suite 205 City & State West Hempstead, NY Zip 11552 Country NASSAU
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01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0878461	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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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
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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
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	4/23/07 Date	Daytime Phone # _____
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