

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005898

FILED
Apr 11, 2009
Secretary of State

Entity Name: JEFFERSON FUNDING LLC

Current Principal Place of Business:

67 GREEN STREET
NEWTON, MA 02458

New Principal Place of Business:

3486 GARDENVIEW WAY
TALLAHASSEE, FL 32309

Current Mailing Address:

67 GREEN STREET
NEWTON, MA 02458

New Mailing Address:

3486 GARDENVIEW WAY
TALLAHASSEE, FL 32309

FEI Number: 20-3265979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELIK-ALAVARDIAN, YOURIK
3369 DRY CREEK DR.
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

AKOPYAN, ELENA
3486 GARDENVIEW WAY
TALLAHASSEE, FL 32309 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: ELENA AKOPYAN

04/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MELIK-ALAVARDIAN, VILEN
Address: 67 GREEN STREET
City-St-Zip: NEWTON, MA 02458

Title: MGRM () Delete
Name: LEONE, STEPHEN
Address: 67 GREEN STREET
City-St-Zip: NEWTON, MA 02458

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MELIK-ALAVARDIAN, VILEN
Address: 300 LYNN SHORE DR., SUITE 711
City-St-Zip: LYNN, MA 01902

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: VILEN MELIK-ALAVARDIAN

DR.

04/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date