

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006749

FILED
Jan 04, 2008
Secretary of State

Entity Name: COLTRAIN FUNDING GROUP, LLC

Current Principal Place of Business:

140 FELL COURT, STE. 300
HAUPPAUGE, NY 11788

New Principal Place of Business:

140 FELL COURT, STE. 108
HAUPPAUGE, NY 11788

Current Mailing Address:

140 FELL COURT, STE. 300
HAUPPAUGE, NY 11788

New Mailing Address:

140 FELL COURT, STE. 108
HAUPPAUGE, NY 11788

FEI Number: 14-1943617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 6TH COURT NORTH
LOXAHATCHEE, FL 33470 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: MGRM () Delete
Name: RUSSO, THOMAS
Address: 140 FELL COURT, STE. 300
City-St-Zip: HAUPPAUGE, NY 11788

Title: MGRM () Delete
Name: BARDRAM, JONATHAN
Address: 140 FELL COURT, STE. 300
City-St-Zip: HAUPPAUGE, NY 11788

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RUSSO, THOMAS
Address: 140 FELL COURT, STE. 108
City-St-Zip: HAUPPAUGE, NY 11788

Title: MGRM (X) Change () Addition
Name: BARDRAM, JONATHAN
Address: 140 FELL COURT, STE. 108
City-St-Zip: HAUPPAUGE, NY 11788

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: THOMAS RUSSO

MR

01/04/2008

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