## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # M07000003819**

1. Entity Name AUG FUNDING, LLC



**FILED** Jul 18, 2008 08:00 AM **Secretary of State** 

Principal Place of Business

Mailing Address

41 MADISON AVE 29TH FLOOR NEW YORK, NY 10010

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07102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4064415

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MIAM! CENTER REGISTERED AGENTS, LLC 201 S BISCAYNE BLVD STE 1700

## DO NOT WRITE

MIAMI, FL 33131			IN THIS SPACE
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 Signatura: Typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstating)  DATE			
FILE NOWIII FEE IS \$138.75  Due by September 12, 2008  In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			
9.	MANAGING MEMBERS	MANAGERS	<del>07/18/08-80002-013 143.75</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JPS HOLDING I, LLC 200 WEST 57TH STREET STE 303 NEW YORK, NY 10019		
TITLE , NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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 eceiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGH

Davime Phone #