

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0022734

DOCUMENT # M96000000520

1. Entity Name

TNI FUNDING COMPANY I, L.L.C.



FILED

2003 APR 18 AM 8:28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

11900 BISCAYNE BLVD., SUITE 460-B
NORTH MIAMI FL 33181

Mailing Address

11900 BISCAYNE BLVD., SUITE 460-B
NORTH MIAMI FL 33181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0722137

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS TNI FUNDING I, INC.
CITY-ST-ZIP 11900 BISCAYNE BLVD., SUITE 460-B
NORTH MIAMI FL 33181 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300016340149
CITY-ST-ZIP

TITLE NAME MGRM
STREET ADDRESS STRUCTURED FINANCE, L.L.C.
CITY-ST-ZIP 330 MADISON AVE., 28TH FLOOR
NEW YORK NY 10017 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

CR2E083 (10/02)



CORPORATION SERVICE COMPANY™

FILED

2003 APR 18 AM 8:28

ACCOUNT NO. : 072100000032 DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REFERENCE : 058541 4338892

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 50.00

ORDER DATE : April 18, 2003

ORDER TIME : 3:51 PM

ORDER NO. : 058541-035

CUSTOMER NO: 4338892

CUSTOMER: Mr. Gregory Borges
Idine Rewards Network, Inc.
11900 Biscayne Blvd.
Suite 460
Miami, FL 331812708

RECEIVED
03 APR 18 PM 4:34
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: TNI FUNDING COMPANY I, L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 11114

EXAMINER'S INITIALS: _____