File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Division of Corporations

M97000000184

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY -5 PM 3:34

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # M97000000184

Capitaland Funding Group LLC
100 Saratoga Village Blvd #8
Malta, NY 12020

1a. Principal Place of Business Address

100 Saratoga Village Blvd #8
Malta NY 12020

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
New York	See Above	10/95	NY
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 14-1787633	☐ Applied For ☐ Not Applicable
City & State	City & State	5. Date of Last Report	6. Certificate of Status Desired ☐
Zip / Country Saratoga	Zip / Country Saratoga		$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC
1116-D THOMASVILLE ROAD
TALLAHASSEE, FL 32303

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

9. Pursuant to the provisions of Sections 608.415 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE 5/1/98
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MANAGER/	JAMES BURTON	100 SARATOGA VLG. BLVD.#8	MALTA, NY 12020
MNG. MEMBER/	CHARLES BURTON	100 SARATOGA VLG. BLVD.#8	MALTA, NY 12020

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****188.75 ****188.75

MK 5/5/98

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ 5/1/98 518-245-6669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-97)