

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
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 30 PM 12:44

412

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

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #

M97000000840

GROUP2 FUNDING, L.C.
112 INDIAN HAMMOCK LANE
PONTE VEDRA BEACH FL 32082

1a. Principal Place of Business Address

112 INDIAN HAMMOCK LANE
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

2a. Mailing Address

112 Indian Hammock Ln.
Suite, Apt. #, etc.

112 Indian Hammock Ln.
Suite, Apt. #, etc.

City & State

Ponte Vedra Beach FL

City & State

Ponte Vedra Beach FL

Zip
32082

Country
St. Johns

Zip
32082

Country
St. Johns

3. Date Organized or Qualified

12/11/1997

3a. State of Formation

UT

4. FEI Number

87-0523773

☐ Applied For

☐ Not Applicable

5. Date of Last Report

N/A original

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

ELLIFF, STEVE J
112 INDIAN HAMMOCK LANE
PONTE VEDRA BEACH FL 32082

Name

Steven J. Elliff

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

112 Indian Hammock Ln.

Suite, Apt. #, etc.

City

Ponte Vedra Beach FL

Zip Code

32082

9. Pursuant to the provisions of Sections 608.416 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

[Signature]

Steven J. Elliff

DATE

3/25/98

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR ELLIFF, STEVE J

112 INDIAN HAMMOCK LANE

PONTE VEDRA BEACH FL

MGR ELLIFF, JULIE

112 INDIAN HAMMOCK LANE

PONTE VEDRA BEACH FL

300002480529--4

-04/07/98 --01010--010

****188.75 ****188.75

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:

[Signature]

Steven J. Elliff

3/25/98

904
273
5227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #