2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am DOCUMENT # M9800000385 **Secretary of State** 1. Entity Name 03-07-2002 90040 034 ****50 00 MODEL FUNDING I, LLC Principal Place of Business Mailing Address 2500 MILITARY TRAIL NORTH, SUITE 260 2500 MILITARY TRAIL NORTH, SUITE 260 BOCA-RATON FL 33431 BOCA-RATON FL-33431 • 2. Principal Place of Business 3. Mailing Address 7900 7900 OLADES te, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE LUITE Applied For City & State 4. FEI Number 65-0786813 Not Applicable \$5.00 Additional 5. Certificate of Status Desired ---Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, DAVID Street Address (P.O. Box Number is Not Acceptable) 3565 N.W. 61ST CIRCLE **BOCA RATON FL 33496** City 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. 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 Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM ☐ Addition TITLE ☐ Delete TITLE MILLER, DAVID NAME NAME 900 GLADES KD SUITE 610 STREET ADDRESS 2500 MILITARY TRAIL N., SUITE 260 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 **MGRM** Addition TITLE ☐ Delete TITLE WEISS, SAMUEL G NAME NAME STREET ADDRESS 30 MAIN STREET STREET ADDRESS CITY-ST-ZIP PORT-WASHINGTON NY 11050-CITY-ST-ZIP **MGRM** ☐ Change ☐ Addition Delete TITLE TITLE KUSHAY, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 2500 MILITARY TRAIL N., SUITE 260 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 **MGRM** TITLE ☐ Delete TITLE MILLER, SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 2500 MILITARY TRAIL N., SUITE 260 CITY-ST-7IP CITY-ST-7IP **BOCA RATON FL 33431** MGRM TITLE TITLE NAME LEBLOND, RICHARD K III NAME STREET ADDRESS STREET ADDRESS 2500 MILITARY TRAIL N., SUITE 260 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET_ADDRESS STREET ADDRESS CITY-ST-ZIP 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.