2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# M98000000385

Entity Name: MODEL FUNDING I, LLC

Current Principal Place of Business:

7900 GLADES ROAD
SUITE 610
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

7900 GLADES ROAD
SUITE 610
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 65-0786813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILLER, DAVID
7691 PORTO VECCHIO PLACE
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: MILLER, DAVID
Address: 7900 GLADES ROAD, SUITE 610
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM ( ) Delete
Name: WEISS, SAMUEL G
Address: 30 MAIN STREET
City-St-Zip: PORT WASHINGTON, NY 11050

Title: MGRM (X) Delete
Name: MILLER, SCOTT
Address: 7900 GLADES ROAD, SUITE 610
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: MILLER, SCOTT
Address: 7900 GLADES ROAD, SUITE 610
City-St-Zip: BOCA RATON, FL 33434

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID MILLER MGRM 01/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date