

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90178 031 ****50.00

DOCUMENT # M98000000385

1. Entity Name
MODEL FUNDING I, LLC



Principal Place of Business
**7900 GLADES ROAD
SUITE 610
BOCA RATON, FL 33434**

Mailing Address
**7900 GLADES ROAD
SUITE 610
BOCA RATON, FL 33434**

40117820



2. Principal Place of Business - No P.O. Box #

1801 N. MILITARY TRAIL

3. Mailing Address

1801 N. MILITARY TRAIL

Suite, Apt. #, etc.

SUITE 203

Suite, Apt. #, etc.

SUITE 203

City & State

BOCA RATON, FL

City & State

BOCA RATON FL

Zip

33431

Country

USA

Zip

33431

Country

USA

01242007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

65-0786813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE P/D ☐ Delete
NAME MILLER, DAVID
STREET ADDRESS 7900 GLADES ROAD, SUITE 610
CITY- ST- ZIP BOCA RATON, FL 33434

TITLE SEC ☐ Delete
NAME MILLER, SCOTT
STREET ADDRESS 7900 GLADES ROAD, SUITE 610
CITY- ST- ZIP BOCA RATON, FL 33434

TITLE A/S ☒ Delete
NAME CILLO, LAURIE
STREET ADDRESS 7900 GLADES ROAD, SUITE 610
CITY- ST- ZIP BOCA RATON, FL 33434

TITLE A/S ☒ Delete
NAME MCFARLANE, KENNETH
STREET ADDRESS 7900 GLADES ROAD, SUITE 610
CITY- ST- ZIP BOCA RATON, FL 33434

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1801 N. MILITARY TRAIL, SUITE 203
CITY- ST- ZIP BOCA RATON, FL 33431

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1801 N. MILITARY TRAIL, SUITE 203
CITY- ST- ZIP BOCA RATON, FL 33431

TITLE A/S ☐ Change ☒ Addition
NAME SUSAN PELTZ
STREET ADDRESS 1801 N. MILITARY TRAIL, SUITE 203
CITY- ST- ZIP BOCA RATON, FL 33431

TITLE TREAS ☐ Change ☒ Addition
NAME GIENN MEYERS
STREET ADDRESS 1801 N. MILITARY TRAIL, SUITE 203
CITY- ST- ZIP BOCA RATON, FL 33431

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *David Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/18/07

Date

561-391-6117

Daytime Phone #