

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # M98000000385

1. Entity Name
MODEL FUNDING I, LLC



Principal Place of Business
**1801 NORTH MILITARY TR SUITE 203
BOCA RATON, FL 33431**

Mailing Address
**1801 NORTH MILITARY TR SUITE 203
BOCA RATON, FL 33431**



02202008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0786813	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**U000000871995
04/10/08-80020-017 138.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLER, DAVID 1801 NORTH MILITARY TR SUITE 203 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILLER, SCOTT 1801 NORTH MILITARY TR SUITE 203 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS PELTZ, SUSAN 1801 NORTH MILITARY TR SUITE 203 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MEYERS, GLENN 1801 NORTH MILITARY TR SUITE 203 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Pres. David Miller 3/24/2008 501-391-6117

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

Date

Daytime Phone #