


on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company SOUTHSTAR FUNDING, LLC C/O-FIRST-TOWN-MORTGAGE-CORPORATION 100-PLAZA-DRIVE-- SECAUCUS-NJ-07094	DOCUMENT # M98000000469
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2. Principal Place of Business c/o Northern Star Funding, LLC 1 Paragon Drive Suite 255 Montvale, NJ Zip 07645 Country USA	2a. Mailing Address c/o Northern Star Funding, LLC 1 Paragon Drive Suite 255 Montvale, NJ Zip 07645 Country USA
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FILED
99 AUG 20 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
C/O-FIRST-TOWN-MORTGAGE-CORP
100-PLAZA-DRIVE
SECAUCUS-NJ-07094

3. Date Organized or Qualified 05/12/1998	3a. State of Formation DE
4. FEI Number 22-3587118	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report N/A	6. Certificate of Status Desired <input type="checkbox"/> SECAUCUS-NJ-07094

7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FF \$188.75 FL
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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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GORE, NATHANIEL S	c/o Northern Star Funding, LLC 1 Paragon Drive - Ste 255 Montvale, NJ 07645	Montvale, NJ 07645
MGRM	LEVINE, MARTIN J.	c/o Northern Star Funding, LLC 1 Paragon Drive - Suite 255 Montvale, NJ 07645	Montvale, NJ 07645

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 606, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]* **C.F.O** **4/28/99** **201-863-124**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER



July 26, 1999

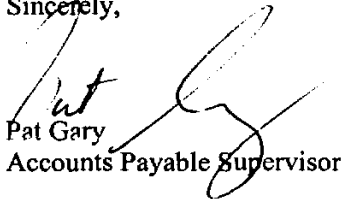
Florida Department of State
Division of Corporation Supplemental Fee
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

Re: Annual Report Fee – 1999

Gentlemen:

Please be advised that on April 30, 1999 payment in the amount of \$188.75 was sent via UPS overnight mail to your office. On July 13, 1999 a second and final notice was sent to our office requesting payment of \$588.75 due to an added late charge of \$400. Please find attached a copy of our check, proof of mailing and delivery. Please research and adjust your records accordingly. If I can be of any further assistance please feel free to contact me. Thank you.

Sincerely,



Pat Gary
Accounts Payable Supervisor

CC: Tim O'Neill, Chief Financial Officer
File

400 Northridge Road
Suite 1120
Atlanta, GA 30350

~~Tel: 770-641-4150 / 800-567-9385~~
~~Fax: 770-641-4151 / 800-567-9040~~