2000 UNIFORM	BUSINESS	REPORT	(UBR)
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DOCUMENT # M9800000469 1. Entity Name SOUTHSTAR FUNDING, LLC Principal Place of Business Mailing Address C/O NORTHERN STAR FUNDING LLC C/O NORTHERN STAR FUNDING LLC 1 PARAGON DR. SUITE 255 MONTVALE NJ 07645				6	SECRETARY OF STATE DIVISION OF CORPORATIONS OD MAR 20 PM 12: 33			
400 NO	Dal Place of Business NOR 1/4 R i d G & R d Same AS # 2							
Suite, Apt. Suite, Apt. City & State	Åpt. #, etc. Suite, Apt. #, etc.			4. FEIN	DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For			
A TLA	4 7 7 Country Zip Country		Coun	try	22-3587118 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required			
3035	6. Name and Address of Current	Registered Agent			7. Nam	e and Address of New R		
				Name				
	TION SERVICE COMPANY			Street Address (P.O., Box, Number, is, Not Acceptable)				
1201 HAY					·			
TALLAHAS	SEE FL 32301-2525			C3-			Zio Cod	
				City	FL Zip Code			
8. The above	named entity submits this statement for	r the purpose of changing its	registere	ed office o	r registered agent,	or both, in the State of Flo	rida.	
SIGNATURE _								
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	d Agent signat	ture required when reinstati	ng)	DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State								
9.	MANAGING MEMBE	RS/MEMBERS	10.		т	ADDITIONS/		
TITLE NAME	MGRM	Delete	TITLI Nam	E E		MGRAT onith thridge Rd.,	Change	Addition
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NAME STREET ADDRESS	76 1 FARAGOIA DR., SUITE 200			E Et address	400 NOR	The dee Re	, suitelle	f
CITY-ST-ZIP				- 8T- ZIP	ATIAN ?	TA 64 3035	7	
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NAME			MARC		II POVER	I Rd 5		
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NAME			MAM	-	}		101922	
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TETLE Name			MAM				□ enemite	
STREET ADDRESS		,		ET ADDRESS				
CITY-ST-ZIP	- 44. 44. 44. 44. 314.	ALI Cianda		- \$1- ZIP	ted in Occident 440	OZ(OVI) Florida Statuta 1	further entity that the	oformation
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.								
ilmited liab	only company or the receiver or trustee	enipowered to execute this r	eport as	required l	by Chapter 608, FR		1	
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #								