

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000469

Entity Name: SOUTHSTAR FUNDING, LLC

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

400 NORTHRIDGE ROAD, SUITE 1000
ATLANTA, GA 30350

New Principal Place of Business:

Current Mailing Address:

400 NORTHRIDGE RD., SUITE 1000
ATLANTA, GA 30350

New Mailing Address:

FEI Number: 22-3587118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/MANAGERS:

Title: MGRM () Delete
Name: SMITH, BRIAN P
Address: 400 NORTHRIDGE ROAD, SUITE 1000
City-St-Zip: ATLANTA, GA 30350

Title: MGRM () Delete
Name: FIERMAN, MICHAEL A
Address: 400 NORTHRIDGE ROAD, SUITE 1000
City-St-Zip: ATLANTA, GA 30350

Title: MGRM () Delete
Name: SMITH, KIRK K
Address: 400 NORTHRIDGE ROAD, SUITE 1000
City-St-Zip: ATLANTA, GA 30350

ADDITIONS/CHANGES:

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

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

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 Chapter 119, 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: BRIAN P. SMITH

SEC

01/04/2007

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