

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0073905

DOCUMENT # M98000000469

1. Entity Name

SOUTHSTAR FUNDING, LLC



FILED  
03 APR -2 AM 7:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

400 NORTHRIDGE RD. SUITE 1120  
ATLANTA GA 30350

Mailing Address

11 RAVEN ROAD  
VILLA RICA GA 30180

2. Principal Place of Business

400 Northridge Road

3. Mailing Address

Suite, Apt. #, etc.  
Suite 1000

Suite, Apt. #, etc.

City & State  
Atlanta, GA

City & State

Zip  
30350

Country  
USA

Zip

Country

4. FEI Number NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

N/A

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>NORDEN, PETER R<br>1 PARAGON DR., SUITE 255<br>MONTVALE NJ 07645     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LEVINE, MARTIN J<br>% 1 PARAGON DR., SUITE 255<br>MONTVALE NJ 07645  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SMITH, KIRK K<br>400 NORTHRIDGE RD., STE. 1120<br>ATLANTA GA 30350   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SMITH, BRIAN P<br>400 NORTHRIDGE RD, SUITE 1120<br>ATLANTA GA 30350  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>POUPART, CAROL<br>400 NORTHRIDGE RD., SUITE 1120<br>ATLANTA GA 30350 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TAYLOR, FLOYD<br>11 RAVEN RD.<br>VILLA RICA GA 30180                 | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | W115 Century Road, 3rd Flr<br>Paramus, NJ 07652    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | W115 Century Road, 3rd Flr<br>Paramus, NJ 07652    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 400 Northridge Road, Ste 1000<br>Atlanta, GA 30350 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 400 Northridge Road, Ste 1000<br>Atlanta, GA 30350 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 400 Northridge Road, Ste 1000<br>Atlanta, GA 30350 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 200015175962<br>04/02/03--01049--007 **55.00       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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.

SIGNATURE:

SIGNATURE REQUIRED

April 1, 2003 770-459-8525

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

Date

Daytime Phone #

CR2E083 (10/02)