
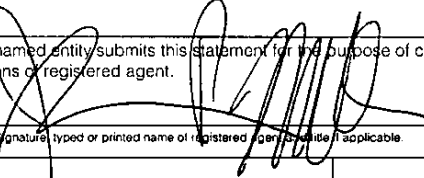
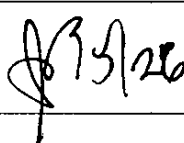
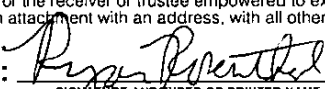


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000100328				FILED 06 MAY 23 PM 4: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name LIBERTY MORTGAGE FUNDING, INC.					
Principal Place of Business 359 EAST MALLORY CIRCLE DELRAY BEACH, FL 33483		Mailing Address 359 EAST MALLORY CIRCLE DELRAY BEACH, FL 33483			
2. Principal Place of Business 5570 COACH HOUSE CIR		3. Mailing Address 5570 COACH HOUSE CIR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BOCA RATON FL		City & State BOCA RATON FL		4. FEI Number 80-1501600	
Zip 33486	Country US	Zip 33486	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINSTEIN, JEFFREY C 3351 NW BOCA RATON BOULEVARD BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name MILLER, JOHN P Street Address (P.O. Box Number is Not Acceptable) 2499 GLADES RD SUITE 305A City BOCA RATON 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. SIGNATURE  JOHN P. MILLER 5-14-06 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENTHAL, RYAN 359 EAST MALLORY CIRCLE BOCA RATON, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENTHAL, RYAN 5570 COACH HOUSE CIR BOCA RATON FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800076162638 06/14/06--01004--024 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  RYAN ROSENTHAL 5-14-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					