

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 21, 2001 08:00 AM
Secretary of State

DOCUMENT # L00000014951

1. Entity Name
 PINNACLE CAPITAL FUNDING, L.L.C.

Principal Place of Business 3961 N.W. 27TH AVENUE BOCA RATON FL 33434	Mailing Address 3961 N.W. 27TH AVENUE BOCA RATON FL 33434
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2. Principal Place of Business	3. Mailing Address 13833 E 4 WELLINGTON TRACE, #307
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State WELLINGTON FL	4. FEI Number 65-1084030	Applied For Not Applicable
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Zip 33414	Country US	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCRAE MITCHELL T
 6274 LINTON BLVD., SUITE 100

 DELRAY BEACH FL 33484 US

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.

SIGNATURE _____ DATE **04/21/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRONGIN TERRY W 15540 SUNWARD STREET WELLINGTON FL 33414 <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	MGRM SCHECHER GREG E 3961 N.W. 27TH AVENUE BOCA RATON FL 33434 <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
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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

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: Terry W. Strongin **MGRM** 04/21/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)