

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 18, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000003044**1. Entity Name  
COMMITTED CAPITAL, LLC

Principal Place of Business 10900 STAFFORD CIRCLE SOUTH  BOYNTON BEACH FL 33436	Mailing Address 10900 STAFFORD CIRCLE SOUTH  BOYNTON BEACH FL 33436
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2. Principal Place of Business 10900 STAFFORD CIRCLE SOUTH	3. Mailing Address 10900 STAFFORD CIRCLE SOUTH
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State BOYNTON BEACH FL	City & State BOYNTON BEACH FL
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Zip 33436	Country US	Zip 33436	Country US
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4. FEI Number <b>65-1004354</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**WEIDER DAVID P  
10900 STAFFORD CIRCLE SOUTH  
  
BOYNTON BEACH FL 33436**7. Name and Address of New Registered Agent**Name  
WIEDER DAVID P  
Street Address (P.O. Box Number is Not Acceptable)  
10900 STAFFORD CIRCLE SOUTH  
  
City  
BOYNTON BEACH FL Zip Code  
33436

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 **DAVID P WIEDER****01/18/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIEDER DAVID P 10900 STAFFORD CIRCLE SOUTH BOYNTON BEACH FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: DAVID P WIEDER**

MRGM 01/18/2001

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

Date

Daytime Phone #

CR2E083 (11/00)