

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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DIVISION OF CORPORATIONS  
99 MAR 18 AM 10:37

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE \$ 188.75</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L97000001301**

THOMAS CAPITAL FUNDING GROUP, L.C.  
1865 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33071

*FBI 650798516*      *99-AR CM*

1a. Principal Place of Business Address  
1865 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33071

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 11/19/1997	3a. State of Formation FL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <i>65-0798516</i> <b>APPLIED FOR</b>	<input type="checkbox"/> Applied For
City & State		City & State			<input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report 04/06/1998	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

LAQUER, THOMAS  
1865 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33071

8. Name and Address of New Registered Agent/Office

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, etc. \_\_\_\_\_  
City \_\_\_\_\_ Zip Code **FL**


9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature is printed when online) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LAQUER, THOMAS	1865 UNIVERSITY DRIVE	CORAL SPRINGS FL
MGRM	LAQUER, LINDA	1865 UNIVERSITY DRIVE	CORAL SPRINGS FL

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\*\*\*188.75 \*\*\*188.75

11 I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE  DATE *3/4/99* *7964200*