

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001301

1. Entity Name
THOMAS CAPITAL FUNDING GROUP, L.C.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAR -1 AM 11:18

Principal Place of Business
 1865 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33071

Mailing Address
 1865 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33071-6051



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 City & State

4. FEI Number **65-0798516** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAQUER, THOMAS
 1865 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33071

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 **3/14/00**

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGRM LAQUER, THOMAS 1865 UNIVERSITY DRIVE CORAL SPRINGS FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGRM LAQUER, LINDA 1865 UNIVERSITY DRIVE CORAL SPRINGS FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition	400003180544--9 -03/22/00--01094--012 *****55.00 *****55.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)