


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L97000001301

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



Principal Place of Business Mailing Address

10170 VESTAL CT. 10170 VESTAL CT.
 CORAL SPRINGS, FL 33071 - CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE



03022006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
 65-0798516 Not Applicable

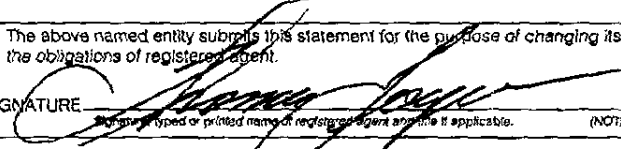
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAQUER, THOMAS
 10170 VESTAL CT.
 CORAL SPRINGS, FL 33071

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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:  DATE: 03/01/06

Signature typed or printed name of registered agent and the fee if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LAQUER, THOMAS
STREET ADDRESS	10170 VESTAL CT.
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	MGRM
NAME	LAQUER, LINDA
STREET ADDRESS	10170 VESTAL CT.
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/05/06-81119-006 50.00

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11. 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 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:  DATE: 3/01/06 DAYTIME PHONE #: 9542570077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #