

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014696

FILED
Apr 22, 2008
Secretary of State

Entity Name: LUND CAPITAL GROUP, LLC

Current Principal Place of Business:

4001 TAMIAMI TRAIL N
SUITE 350
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4001 TAMIAMI TRAIL N
SUITE 350
NAPLES, FL 34103

New Mailing Address:

FEI Number: 37-1227988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TCL REALTY, INC,
Address: 4001 TAMIAMI TRAIL N, SUITE 350
City-St-Zip: NAPLES, FL 34103

Title: CPST () Delete
Name: LUND, THOMAS C
Address: 4001 TAMIAMI TRAIL N, SUITE 350
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: LUND, T CHADWICK
Address: 4001 TAMIAMI TRAIL N, SUITE 350
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: STORY, JOHN B
Address: 4001 TAMIAMI TRAIL N, SUITE 350
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN B STORY

VP

04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date