

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014696

FILED  
Apr 27, 2009  
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

04/27/2009

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