

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000114846

1. Entity Name
PRIVATE CAPITAL GROUP LLC



Principal Place of Business
**9350 CONROY WINDERMERE ROAD
WINDERMERE, FL 34786 US**

Mailing Address
**9350 CONROY WINDERMERE ROAD
WINDERMERE, FL 34786 US**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 25 AM 10:47



03282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

800125294858
04/23/08--01026--006 **9463.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FICUS INVESTMENTS, INC.
9350 CONROY WINDERMERE ROAD
WINDERMERE, FL 34786**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
PRIVATE CAPITAL MANAGEMENT, LLC
ONE OLD COUNTRY ROAD, SUITE 330
CARLE PLACE, NY 11516**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Tyler Piercy

4-14-03

Date

407-909-9000

Daytime Phone #