

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000014696

Entity Name: LUND CAPITAL GROUP, LLC

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

4001 TAMIAMI TRAIL N  
SUITE 350  
NAPLES, FL 34103

## **New Principal Place of Business:**

801 LAUREL OAK DR  
SUITE 102  
NAPLES, FL 34108

## **Current Mailing Address:**

4001 TAMIAMI TRAIL N  
SUITE 350  
NAPLES, FL 34103

## **New Mailing Address:**

801 LAUREL OAK DR  
SUITE 102  
NAPLES, FL 34108

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  
Name: TCL REALTY, INC  
Address: 801 LAUREL OAK DR, SUITE 102  
City-St-Zip: NAPLES, FL 34108

Title: CPST  
Name: LUND, THOMAS C  
Address: 801 LAUREL OAK DR, SUITE 102  
City-St-Zip: NAPLES, FL 34108

Title: VP  
Name: LUND, T CHADWICK  
Address: 801 LAUREL OAK DR, SUITE 102  
City-St-Zip: NAPLES, FL 34108

Title: VP  
Name: STORY, JOHN B  
Address: 801 LAUREL OAK DR, SUITE 102  
City-St-Zip: NAPLES, FL 34108

I hereby 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

04/19/2011

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