

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018214

FILED
Apr 23, 2009
Secretary of State

Entity Name: CAP INVESTMENT GROUP, LLC

Current Principal Place of Business:

7855 ARGYLE FOREST BLVD.
SUITE 304
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

7855 ARGYLE FOREST BLVD.
SUITE 304
JACKSONVILLE, FL 32244

New Mailing Address:

7855 ARGYLE FOREST BLVD.
SUITE 304
JACKSONVILLE, FL 32244

FEI Number: 47-0897646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELCH, ALLAN P
7855 ARGYLE FOREST BLVD.
SUITE 304
JACKSONVILLE, FL 32244 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: WELCH, ALLAN P
Address: 5620 LA MOYA AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: WELCH, CATHERINE B
Address: 5620 LA MOYA AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: WELCH, CRAIG D
Address: 4636 CONFEDERATE OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: WELCH, THOMAS A
Address: 5720 LA MOYA AVE
City-St-Zip: JACKSONVILLE, FL 32210

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: ALLAN P. WELCH

MGR

04/23/2009

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