

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000021395

1. Entity Name
C.G. FINANCIAL CAPITAL, LLC



FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90035 032 ****50.00

Principal Place of Business
C/O JOEL B. GILES, ESQ
200 CENTRAL AVE., STE. 2300
ST PETERSBURG, FL 33701

Mailing Address
C/O JOEL B. GILES, ESQ
200 CENTRAL AVE., STE. 2300
ST PETERSBURG, FL 33701



05012006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
56-2379286

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 33607-5736

**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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BULLARD, JR., FRED B
2325 ULMERTON ROAD, SUITE 20
CLEARWATER, FL 33762

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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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:

Gregory J. Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/30/06
Date

727-576-6424
Daytime Phone #