


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000021395 1. Entity Name C.G. FINANCIAL CAPITAL, LLC	
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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
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01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2379286	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULLARD, JR., FRED B 2325 ULMERTON ROAD, SUITE 20 CLEARWATER, FL 33762
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05/15/07-80118-014 50.00

**DO NOT WRITE
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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 D. Morris 4/4/07 727-576-6424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #