

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000024415

**Entity Name:** LCG CAPITAL ADVISORS, LLC

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

401 E. JACKSON ST.  
SUITE 2450  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

401 E. JACKSON ST.  
SUITE 2450  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 20-0108954

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

XENICK, EMAUEL  
401 E. JACKSON ST  
SUITE 2450  
TAMPA, FL 3360 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:** XENICK, EMANUEL  
**Address:** 401 E. JACKSON ST., STE 2450  
**City-St-Zip:** TAMPA, FL 33602

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: EMANUEL XENICK

MGR

04/28/2010

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