

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90348 003 ****75.00

DOCUMENT # L05000050502

1. Entity Name
PROPERTY CAPITAL GROUP, LLC



40098124



04172007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2879035

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Principal Place of Business
~~14499 NORTH DALE MABRY HIGHWAY STE 200~~
~~TAMPA, FL 33618~~

Mailing Address
~~14499 NORTH DALE MABRY HIGHWAY STE 200~~
~~TAMPA, FL 33618~~

2. Principal Place of Business - No P.O. Box #
19029 N DALE MABRY

3. Mailing Address
19029 N DALE MABRY

Suite, Apt. #, etc.

City & State
Lutz FL

City & State
Lutz FL

Zip
33548

Zip
33548

6. Name and Address of Current Registered Agent

RUGG, JOSEPH
100 ASHLEY DRIVE STE 1500
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
AMERICAN INFORMATION SVS
Street Address (P.O. Box Number is Not Acceptable)
401 EAST JACKSON ST
STE 1700
City
TAMPA FL Zip Code
33602

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BAGNAIR, CLIFFORD F
9050 CALLAWAY DR
TRINITY, FL 34655 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Bagnall, Clifford F ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: _____ Date: 4/17/07 Daytime Phone #: 7274150522

SAFER AGENT OF
ATTACHMENT

40098124

#65000050502

- 05/20/2005

L05000050502

Rugg, Joseph

Name _____

100 S. Ashley Drive, Suite 1500

Address

Tampa, Florida 33602

City, State and Zip

- American Information Services, Inc.

Name _____

401 East Jackson Street, Suite 1700

Florida street address (P.O. Box **NOT** acceptable)

Тамра

FL

33602

City, State and Zip

[Handwritten signature]

Clifford Bagnall

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18 (8/05)