## May 02, 2007 8:00 am Secretary of State 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT** 05-02-2007 90348 003 \*\*\*\*75.00 DOCUMENT # L05000050502 1. Entity Name PROPERTY CAPITAL GROUP, LLC Principal Place of Business Mailing Address 40098124 14499 NORTH DALE MABRY HIGHWAY STE 280 -14499 NORTH DALE MABRY HIGHWAY STE-280 TAMPA, FL -33618 --TAMPA: FL-33618-2. Principal Place of Business - No P.O. Box # 19079 N DATE MASS 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FE! Number Applied For UD レリナシ 20-2879035 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MERICAN INFORMATION SUS RUGG, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 100 ASHLEY DRIVE STE 1500 TAMPA, FL 33602 STV 1750 City 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 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 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Defete TITLE X Change ☐ Addition Bagnall, Clifford F NAME BAGNAIR, CLIFFORD F NAME 9050 CALLAWAY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TRINITY, FL 34655 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition

FILED

□ 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.

NAME

TITLE

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Delete

STREET ADDRESS

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NAME

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SIGNATURE: 4/17/67 7774/50522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANYA LACENT

Pursuant to the provisio liability company submit agent, or both, in the Stat	s the follow	ing statem	6 or 608. ent in ord	508, Floria ler to chang	la Statut ge its rej	gistered off	îce ŏr	ed limited registered
1. The name of the limite	ed liability c	ompany is	Prope	rtv Capita	al Grou		<u> </u>	·
2. The mailing address o	f the limited	liability c	ompany is	: 14499	North	Dale Mabi	y High	iway
Ste. 280, Tampa, F	33618	19029	NAM	MASY	they.	Lune	R	33246
05/20/2005		- <del></del>			<u>F</u> _			<del></del>
05/20/2005 L0500005 3. Date of filing/registration in Florida 4. Document								<del></del>
5. The name of the registe Florida Department of	ered agent ar		ster <b>ed</b> offi				ords of	the
	Rugg.	<u>Joseph</u>				_		
	100 S	. Ashlev	Name Drive.	Suite 150	0			
		, Florid				_		
			State and	Zip		_		
6. The name and address of	of the new re	•		•				
	American	Informa	tion Ser	vices, In	c	_		
			Name					
-	401 East Jackson Street, Suite 1700 Florida street address (P.O. Box NOT acceptable)							
	Fiorida str	et address	s (P.O. Bo)	X NUL acc	eptable)			
	Ташра		FL	33602				
	City, State and Zip							
If the limited liability components confirmed that after the chand the business office of the liability company, it is here of the members of the limit or the operating agreement (Signature of a member or authorized Clifford Bagnall (Printed or typed name of signee)  I hereby accept the appoint	ange or char the registered by confirmented liability of the limited and representative	nges are med agent will agent will agent will agent will also that the company ed liability	ade, the Fill be ident change(s) or as other company	lorida street ical. Or, in was/were a rwise provid	t address the case authorize ded in th	of the regi of a Floric ed by an af e articles o	stered la limit firmati f orgar	office ed ve vote nization
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	of all statute accept the c is document hat the limit	es relative bligations is being fi ed liability	to the pro of my pos led to mer company	per and confition as reg ely reflect d has been n	mplete p gistered d a change otified in	erformance agent as pr in the regi writing of	e of my ovided istered this cl	duties, for in office iange.
(Signature of Registered Agent)			<del></del>					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00