

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114846

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: PRIVATE CAPITAL GROUP LLC

**Current Principal Place of Business:**

9350 CONROY WINDERMERE ROAD  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

**Current Mailing Address:**

9350 CONROY WINDERMERE ROAD  
WINDERMERE, FL 34786 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: MGRM ( ) Delete  
Name: FICUS INVESTMENTS, INC.  
Address: 9350 CONROY WINDERMERE ROAD  
City-St-Zip: WINDERMERE, FL 34786 US

Title: M ( ) Delete  
Name: PRIVATE CAPITAL MANAGEMENT, LLC  
Address: ONE OLD COUNTRY ROAD, SUITE 330  
City-St-Zip: CARLE PLACE, NY 11516 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: PRIVATE CAPITAL MANAGEMENT, LLC  
Address: ONE OLD COUNTRY ROAD, SUITE 330  
City-St-Zip: CARLE PLACE, NY 11516 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TYLER PIERCY

MGRM

04/29/2009

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