

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056554

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** CAPITAL CONSULTING GROUP, LLC

**Current Principal Place of Business:**

900 5TH AVENUE SOUTH, SUITE 203  
NAPLES, FL 34102

**New Principal Place of Business:**

787 5TH AVENUE SOUTH  
NAPLES, FL 34102

**Current Mailing Address:**

900 5TH AVENUE SOUTH, SUITE 203  
NAPLES, FL 34102

**New Mailing Address:**

787 5TH AVENUE SOUTH  
NAPLES, FL 34102

**FEI Number:** 20-4975540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FERGUSON, BLAINE  
900 5TH AVE STE 203  
NAPLES, FL 34102 US

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

FERGUSON, BLAINE  
787 5TH AVENUE SOUTH  
NAPLES, FL 34102 US

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:

03/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FERGUSON, BLAINE  
Address: 900 5TH AVE SOUTH STE 203  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FERGUSON, BLAINE  
Address: 787 5TH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

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: LINDSAY PHILLIPS

MS.

03/03/2009

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