

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041932

FILED
Jun 15, 2009
Secretary of State

Entity Name: CAPITAL MANAGEMENT GUARANTEE, LLC

Current Principal Place of Business:

15017 TOWN SQUARE PLAZA
TAMPA, FL 33624

New Principal Place of Business:

13400 ARBOR ISLE DRIVE
TAMPA, FL 33637

Current Mailing Address:

15017 TOWN SQUARE PLAZA
TAMPA, FL 33624

New Mailing Address:

48 OAKWOOD DRIVE
NAPERVILLE, IL 60540

FEI Number: 20-5878194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOLGER, BRENDAN
12611 ARBUCKLE COURT
NORTH FORT MYERS, FL 33903 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 () Delete
Name: BOLGER, BRENDAN
Address: 15017 TOWN SQUARE PLAZA
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOLGER, BRENDAN
Address: 48 OAKWOOD DRIVE
City-St-Zip: NAPERVILLE, IL 60540

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: BRENDAN BOLGER

MGMR

06/15/2009

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