

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050395

Entity Name: 475 CAPITAL GROUP LLC

FILED  
Apr 01, 2008  
Secretary of State

**Current Principal Place of Business:**

5405 TAYLOR ROAD UNIT 4  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

6017 PINE RIDGE RD - PMB 365  
NAPLES, FL 34119

**New Mailing Address:**

FEI Number: 26-0154227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FESTA, LOUISE  
5405 TAYLOR RD UNIT 4  
NAPLES, FL 34109 US

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

FESTA, LOUISE  
6017 PINE RIDGE RD - 365  
NAPLES, FL 34119 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: LOUISE FESTA

04/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCCABE, MARK M  
Address: 5405 TAYLOR ROAD UNIT 4  
City-St-Zip: NAPLES, FL 34109

Title: MGR ( ) Delete  
Name: FESTA, LOUISE  
Address: 5405 TAYLOR ROAD UNIT 4  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCCABE, MARK M  
Address: 6017 PINE RIDGE ROAD - 365  
City-St-Zip: NAPLES, FL 34119

Title: MGR (X) Change ( ) Addition  
Name: FESTA, LOUISE  
Address: 6017 PINE RIDGE ROAD - 365  
City-St-Zip: NAPLES, FL 34119

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: LOUISE FESTA

MGR

04/01/2008

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