


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000077405		
1. Entity Name CIMA CAPITAL GROUP, LLC		


Principal Place of Business 1400 VILLAGE SQUARE BLVD STE 3-225 TALLAHASSEE, FL 32312-1231	Mailing Address 1400 VILLAGE SQUARE BLVD STE 3-225 TALLAHASSEE, FL 32312-1231
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2. Principal Place of Business - No P.O. Box # 2565 Barrington Circle	3. Mailing Address (SAME)
Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc.
City & State Tallahassee, FL	City & State
Zip 32308	Country USA

**FILED**

08 MAR 21 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03212008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0644950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WATTERSON, GREGORY 1400 VILLAGE SQUARE BLVD STE 3-225 TALLAHASSEE, FL 32312-1231	7. Name and Address of New Registered Agent Name (SAME) Street Address (P.O. Box Number is Not Acceptable) 2565 Barrington Circle, Suite 103 City Tallahassee FL Zip Code 32308
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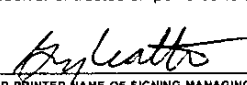
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WATTERSON, GREGORY 1400 VILLAGE SQUARE BLVD STE 3-225 TALLAHASSEE, FL 323121231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2565 Barrington Circle, Suite 103 Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500121334145 03/26/08--01026--019 **138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition L. SELLERS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition MAR 21 2008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition EXAMINER
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.

SIGNATURE:  3-21-08 (850) 681-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #