

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103649

FILED  
Jan 13, 2008  
Secretary of State

**Entity Name:** CYGNUS CAPITAL MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

6251 69TH STREET EAST  
PALMETTO, FL 34221-907 US

**New Principal Place of Business:**

6251 69TH STREET EAST  
PALMETTO, FL 342219076 US

**Current Mailing Address:**

6251 69TH STREET EAST  
PALMETTO, FL 34221 US

**New Mailing Address:**

6251 69TH STREET EAST  
PALMETTO, FL 342219076 US

**FEI Number:** 26-1591397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DU BUIS, STEPHEN  
6251 69TH STREET EAST  
PALMETTO, FL 34221 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: DU BUIS, STEPHEN  
Address: 6251 69TH STREET EAST  
City-St-Zip: PALMETTO, FL 34221 US

Title: MGRM ( ) Delete  
Name: BRUCE, ROBERT D  
Address: 3946 43RD STREET S., UNIT #3  
City-St-Zip: ST. PETERSBURG, FL 33711 US

**ADDITIONS/CHANGES:**

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

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

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: ROBERT D. BRUCE

MGRM

01/13/2008

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