


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L07000107540			
1. Entity Name ASSOCIATION FOR CORPORATE GROWTH FLORIDA CAPITAL CONNECTION, LLC			
Principal Place of Business 616 N. NORTH COURT, SUITE 200 PALATINE, IL 60067		Mailing Address % SHERRY SMITH P.O. BOX 1121 TAMPA, FL 33601	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address % DONNA BARKER Suite, Apt. #, etc. 225 WATER ST, SUITE 1250	
Suite, Apt. #, etc.		City & State JACKSONVILLE FL	
City & State		4. FEI Number 41-2256962	
Zip		Country USA	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, SHERRY 1301 WEST PATTERSON STREET TAMPA, FL 33604		7. Name and Address of New Registered Agent Name DONNA BARKER Street Address (P.O. Box Number is Not Acceptable) 225 WATER STREET, SUITE 1250 City JACKSONVILLE FL Zip Code 32202	
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 <u>Donna R. Barker</u> DATE <u>4/14/08</u> <small>Signature, typed or printed name of registered agent and ZIP if applicable. (NOTE: Registered Agent signature required when necessary) DATE</small>			
9. FILE NOW!!! FEB IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING DIRECTOR <input checked="" type="checkbox"/> Delete BRYAN SPAULDING 2202 N. WESTSHORE BLVD. SUITE 200 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CO-CHAIRMAN 2008 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MR. MATT LAFFEY P.O. BOX 621 FERNANDINA BEACH, FL 32035
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING DIRECTOR <input checked="" type="checkbox"/> Delete PENNY HULBERT 518 N. TAMPA ST. # 390 TAMPA, FL 33602	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CO-CHAIRMAN 2008 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MR. DONALD WIGGINS 225 WATER STREET SUITE 1250 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. ANTHONY MARINOTOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1 INDEPENDENT DR. SUITE 310 JACKSONVILLE, FL 32202
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
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 608, Florida Statutes.			
SIGNATURE: <u>Donna R. Barker</u>		Date <u>Apr 24, 08</u> 904-354-9600	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA