

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004328

FILED
Mar 20, 2009
Secretary of State

Entity Name: LCG CAPITAL HOLDINGS, LLC

Current Principal Place of Business:

633 N FRANKLIN ST
6TH FLOOR
TAMPA, FL 33602

New Principal Place of Business:

401 E. JACKSON ST
STE 2450
TAMPA, FL 33602

Current Mailing Address:

633 N FRANKLIN ST
6TH FLOOR
TAMPA, FL 33602

New Mailing Address:

401 E. JACKSON ST
STE 2450
TAMPA, FL 33602

FEI Number: 26-2093255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BRIAN M
633 N. FRANKLIN STREET, 6TH FLOOR
TAMPA, FL 33602 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: SMITH, BRIAN M
Address: 633 N. FRANKLIN STREET, 6TH FLOOR
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: EPSTEIN, PAUL I
Address: 633 N. FRANKLIN STREET, 6TH FLOOR
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: XENICK, EMANUEL J
Address: 633 N. FRANKLIN STREET, 6TH FLOOR
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

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

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: BRIAN SMITH

MGRM

03/20/2009

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