

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000040177

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** PARTICIPATING CAPTIVE INCOME FUND, LLC

**Current Principal Place of Business:**

4099 TAMIAMI TRAIL N.  
SUITE 305  
NAPLES, FL 34103

**New Principal Place of Business:**

1250 TAMIAMI TRAIL N.  
SUITE 211  
NAPLES, FL 34102

**Current Mailing Address:**

4099 TAMIAMI TRAIL N.  
SUITE 305  
NAPLES, FL 34103

**New Mailing Address:**

1250 TAMIAMI TRAIL N.  
SUITE 211  
NAPLES, FL 34102

**FEI Number:** 26-2639416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KORN, TYLER B  
5150 TAMIAMI TRAIL N.  
SUITE 302  
NAPLES, FL 34103 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: MGR  
Name: PCIF MANAGEMENT, LLC  
Address: 1250 TAMIAMI TRAIL N., SUITE 211  
City-St-Zip: NAPLES, FL 34102

I hereby 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: PCIF MANAGEMENT LLC

MGR

04/29/2010

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