2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050049

Entity Name: OPTIMAL CAPITAL GROUP, LLC

9177 WILSHIRE BOULEVARD STE 800

BEVERLY HILLS, CA 90212

Address: City-St-Zip: FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
	/K ISLAND DRIVE NTON, FL 34208		
Current Mailing Address:		New Mailing Address:	
	/K ISLAND DRIVE NTON, FL 34208		
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
3919 HAW	GREGORY T /K ISLAND DRIVE NTON, FL 34208 US		
	named entity submits this statement for the e of Florida.	purpose of changing its registere	ed office or registered agent, or both
SIGNATU	RE:		
	Electronic Signature of Registered Ac	gent	Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete TAYLOR, GREGORY T 3919 HAWK ISLAND DRIVE BRANDENTON, FL 34208	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () Delete WOJCIECHOWSKI, WILLIAM E 341 ANDERS PATH MARIETTA, GA 30064	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () Delete WOJCIECHOWSKI, SARAH A 341 ANDERS PATH MARIETTA, GA 30064	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () Delete WOJCIECHOWSKI, RYAN L 341 ANDERS PATH MARIETTA, GA 30064	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM () Delete RUBIN, DAVID	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM E WOJCIECHOWSKI MGR 02/04/2009