

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059821

FILED
May 01, 2009
Secretary of State

Entity Name: LAWYERS CAPITAL GROUP, LLC

Current Principal Place of Business:

6900-29 DANIELS PARKWAY, STE 202
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

6900-29 DANIELS PARKWAY, STE 202
FT MYERS, FL 33912

New Mailing Address:

FEI Number: 26-2881647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HANNAH, DOUGLAS
6632 TRAIL BLVD
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

HANNAH, DOUGLAS
6900-29 DANIELS PKWY #202
FORT MYERS, FL 33912 US

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:

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HANNAH, DOUGLAS
Address: 6632 TRAIL BLVD
City-St-Zip: NAPLES, FL 34108

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HANNAH, DOUGLAS
Address: 6900-29 DANIELS PKWY #202
City-St-Zip: FORT MYERS, FL 33912

Title: MGR () Change (X) Addition
Name: CAMPBELL, KEITH S
Address: 6900-29 DANIELS PKWY #202
City-St-Zip: FORT MYERS, FL 33912

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: KEITH S CAMPBELL

MGR

05/01/2009

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