


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-23-2005 90376 003 ****50.00

DOCUMENT # L04000020449

1. Entity Name
THE PALMS AT CAPE CORAL LLC



30008919

Principal Place of Business
 2573 MAYFAIR LN
 WESTON, FL 33327

Mailing Address
 2573 MAYFAIR LN
 WESTON, FL 33327



2. Principal Place of Business
2201 N. Commerce Pkwy
 Suite, Apt. #, etc.

3. Mailing Address
2201 N. Commerce Pkwy
 Suite, Apt. #, etc.

05162005 Chg-LLC CR2E083 (10/03)

City & State
Weston, FL

City & State
Weston, FL

Zip
33326 Country
USA

Zip
33326 Country
USA

4. FEI Number
20-0870456

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
CORREA, ALVARO E
 2573 MAYFAIR LN
 WESTON, FL 33327

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CORREA, ALVARO E 2573 MAYFAIR LN WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2201 N. Commerce Pkwy Weston, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CORREA, MARIA C 2573 MAYFAIR LN WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2201 N. Commerce Pkwy Weston, FL 33326
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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 exemption stated in Section 119.07(3)(i), 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: Alvaro Correa - Mark Date: 5-17-05 954-659-8901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #