2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000010126

Entity Name: SHM CAPE HARBOUR, LLC

Current Principal Place of Business:

5828 CAPE HARBOUR DR CAPE CORAL. FL 33914

Current Mailing Address:

14785 PRESTON RD STE 975 DALLAS, TX 75254 US

FEI Number: 81-4708793 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:

Date

Date

FILED Apr 13, 2023

Secretary of State

2467804468CC

Authorized Person(s) Detail:

Title MEMBER Title AUTHORIZED PERSON

Name SAFE HARBOR MARINAS, LLC Name RAY, JOHN

Address 14785 PRESTON RD STE 975 Address 14785 PRESTON RD STE 975

City-State-Zip: DALLAS TX 75254 City-State-Zip: DALLAS TX 75254

Title COO Title CDO

Name BURCHETT, KATHERYN Name CLARK, PETER

Address 14785 PRESTON RD STE 975 Address 14785 PRESTON ROAD

City-State-Zip: DALLAS TX 75254

City-State-Zip: DALLAS TX 75254 City-State-Zip: DALLAS TX 75254

Title CFO ----

Name MCCLINTOCK, GAVIN Name THOMPSON, MEAGAN

Address 14785 PRESTON RD STE 975 Address 14785 PRESTON RD STE 975

Title

AUTHORIZED PERSON

City-State-Zip: DALLAS TX 75254 City-State-Zip: DALLAS TX 75254

Title AUTHORIZED PERSON

Name CAPILLI, JOE

Address 14785 PRESTON RD STE 975

City-State-Zip: DALLAS TX 75254

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN RAY AUTHORIZED PERSON 04/13/2023

Electronic Signature of Signing Authorized Person(s) Detail