


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000000392		
1. Entity Name CAPE PROPERTIES HOLDING, L.L.L.P.		

Principal Place of Business 16501 CAPE HORN BV PUNTA GORDA, FL 33951	Mailing Address P.O. BOX 511794 PUNTA GORDA, FL 33951
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01192006 Chg-LP CR2E003 (11/05)

4. FEI Number 75-3180719	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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SCHNULLE, DAVID 16501 CAPE HORN BV PUNTA GORDA, FL 33555	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F05000001146	STREET ADDRESS	
NAME	CAPE HOLDINGS INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	16501 CAPE HORN BV		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

JOINT - 1 AM 9:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA



100074661611
05/16/06-01023-007 **500.00

4/18/06 941-628-2224