
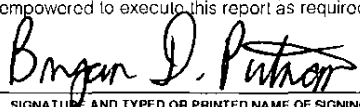


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

<b>DOCUMENT # A96000001645</b>						FILED	
1. Entity Name <b>CAPE HOUSE PROPERTIES, LTD.</b>				<b>2007 MAR 23 AM 11:06</b>			
Principal Place of Business <b>C/O FOLEY &amp; LARDNER 4460 HODGES BLVD JACKSONVILLE FL 32224</b>				Mailing Address <b>11512 EL CAMINO REAL, SUITE 100 SAN DIEGO CA 92130</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>33-0721182</b>				Applied For <b>Not Applicable</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>F&amp;L CORP ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE FL 32202</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"><span><b>FL</b></span><span>Zip Code</span></div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP <b>F96000004543 DOUGLAS ALLRED CO. 11512 EL CAMINO REAL, SUITE 100 SAN DIEGO CA 92130</b>				STREET ADDRESS CITY ST ZIP			
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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:  <b>Bryan D. Putnam, Secretary of GP</b> 3/1/07 (858) 793-0202							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #			

STAPLE CHECK HERE.