2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L01000017097

Entity Name: CAPE TRAFALGAR LIMITED LIABILITY COMPANY

Current Principal Place of Business:

5460 CASCADE ROAD
GRAND RAPIDS, MI 49546

New Principal Place of Business:

1559 SOUTH BARFIELD CT.
MARCO ISLAND, FL 34145

Current Mailing Address:

5460 CASCADE ROAD
GRAND RAPIDS, MI 49546

New Mailing Address:

P.O. BOX 6070
GRAND RAPIDS, MI 49516

FEI Number: 36-4622464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREEBERG, RICHARD C
9401 NORTH SOUTHERN ORHCARD RD
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

CONATSER, TIM
1559 SOUTH BARFIELD CT.
MARCO ISLAND, FL 34145 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: TIM CONATSER 03/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LACKS, KURT
Address: 5460 CASCADE ROAD
City-St-Zip: GRAND RAPIDS, MI 49546

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: CONATSER, TIM
Address: 1559 BARFIELD CT.
City-St-Zip: MARCO ISLAND, FL 34145

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: TIM CONATSER MGR 03/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date