

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000017097

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** CAPE TRAFALGAR LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1559 SOUTH BARFIELD CT.  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6070  
GRAND RAPIDS, MI 49516

**New Mailing Address:**

**FEI Number:** 36-4622464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONATSER, TIM  
1559 SOUTH BARFIELD CT.  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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: KURT LACKS

MGRM

02/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date