


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90348 001 ****50.00

DOCUMENT # L02000002203 1. Entity Name WEST CAPE DEVELOPMENT GROUP, L.L.C.					
Principal Place of Business 331 CAPE CORAL PKWY, W SUITE C CAPE CORAL, FL 33914			Mailing Address 5108 SW 12TH PLACE CAPE CORAL, FL 33914		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 331 Cape Coral Pkwy W Ste C			
City & State City: _____ State: _____		City & State Cape Coral FL			
Zip _____	Country _____	Zip 33914	Country USA	4. FEI Number 03-0380893	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PETERSON, ROBERT V 5108 SW 12TH PLACE CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 331 Cape Coral Pkwy W Ste C City Cape Coral FL Zip Code 33914		
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 <u><i>Robert V. Peterson</i></u> manager 2/21/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERSON, ROBERT V 5108 SW 12TH PLACE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 331 Cape Coral Pkwy W, Ste C Cape Coral FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PITONI, LAWRENCE J 331 CAPE CORAL PKWY W CAPE CORAL, FL 33914 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 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: <u><i>Robert V. Peterson</i></u> Robert V. Peterson 2/21/06 239-542-9271 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					