2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# L02000007729

Entity Name: CAPE FEAR INVESTORS, LLC

Current Principal Place of Business:

501 RIVERSIDE AVE., SUITE 902
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

501 RIVERSIDE AVE., SUITE 902
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FITCH, PAMELA C
1200 RIVERPLACE BLVD., STE. 902
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

FITCH, PAMELA C
501 RIVERSIDE AVE; STE. 902
JACKSONVILLE, FL 32202 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: 04/14/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CAHOON, ARTHUR L
Address: 1200 RIVERPLACE BOULEVARD, SUITE 902
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CAHOON, ARTHUR L
Address: 501 RIVERSIDE AVE; SUITE 902
City-St-Zip: JACKSONVILLE, FL 32202

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: ARTHUR L. CAHOON MGR 04/14/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date