

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90024 005 ****50.00

24039696



DOCUMENT # L02000009623

1. Entity Name
LARRY'S CAPE CORAL I LLC



Principal Place of Business
5160 BROOK RD.
FORT MYERS, FL 33905

Mailing Address
5160 BROOK RD.
FORT MYERS, FL 33905

2. Principal Place of Business
1512 SE 6th AVE
Suite, Apt. #, etc.

3. Mailing Address
1512 SE 6th AVE
Suite, Apt. #, etc.

City & State
CAPE CORAL, FL

City & State
CAPE CORAL FL

Zip
33990

Country
USA

Zip
33990

Country

03092004 Chg-LLC CR2E083 (10/03)

4. FEI Number
32-0012734

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VAHAUE, DONALD L
5160 BROOKS RD.
FORT MYERS, FL 33905

7. Name and Address of New Registered Agent

Name
DONALD L. VAHUE

Street Address (P.O. Box Number is Not Acceptable)
1512 SE 6th AVE.

City
CAPE CORAL

FL

Zip Code
33990

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 **Donald L. Vahue** **DONALD L. VAHUE** **4-8-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAHUE, DONALD L 5160 BROOKS RD FORT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAHUE, DONALD L. 1512 SE 6th AVE. CAPE CORAL, FL 33990 <input checked="" 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
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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 exemption stated in Section 119.07(3)(i), 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: **Donald L. Vahue** **DONALD L. VAHUE** **4-8-04** **339 573 8973**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #