

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90154 004 \*\*\*\*50.00

**DOCUMENT # L02000011338**

1. Entity Name

CAPE APARTMENTS, L.L.C.



Principal Place of Business

786 NORTH BEAL PARKWAY, #1A  
FT. WALTON BEACH FL 32547

Mailing Address

786 NORTH BEAL PARKWAY, #1A  
FT. WALTON BEACH FL 32547

2. Principal Place of Business

423 Green Acres Rd

3. Mailing Address

423 Green Acres Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Ft. Walton Beach, FL

City & State

Ft. Walton Beach, FL

4. FEI Number

04-3666715

Applied For

Not Applicable

Zip

32547

Country

OKal0059

Zip

32547

Country

OKal0059

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELLER, DIANE

786 NORTH BEAL PARKWAY, #1A  
FT. WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

423 Green Acres Road

City

Ft. Walton Beach

FL

Zip Code

32547

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

Diane Keller

Diane Keller

1/8/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete  
NAME **SMITH, G. THOMAS**  
STREET ADDRESS **510 EAST ZARAGOZA STREET**  
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **Diane Keller**  
STREET ADDRESS **423 Green Acres Road**  
CITY-ST-ZIP **Ft. Walton Beach, FL 32547**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

1/8/03

850-315-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)