


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90273 001 \*\*\*100.00

<b>DOCUMENT # L02000012238</b> 1. Entity Name CAPE ASSOCIATES, L.L.C.	
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Principal Place of Business 3400 S. TAMiami TRAIL, SUITE 201 SARASOTA, FL 34239	Mailing Address 3400 S. TAMiami TRAIL, SUITE 201 SARASOTA, FL 34239
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**DO NOT WRITE IN THIS SPACE**



04222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 48-1265040	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HASKINS, HARRY W  
3400 S. TAMiami TRAIL, SUITE 201  
SARASOTA, FL 34239

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WSYTE, LLC SUITE 308, 2033 MAIN ST SARASOTA, FL 34237
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**DO NOT WRITE  
IN THIS SPACE**

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:**  **4-23-04**

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