

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 MAY -3 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04132004 Chg-LLC CR2E083 (10/03)

**DOCUMENT # L02000034779**

1. Entity Name  
**FI-CAPE CORAL, LLC**

Principal Place of Business <b>100 SECOND AVENUE SOUTH, SUITE 901S ST. PETERSBURG, FL 33701</b>	Mailing Address <b>100 SECOND AVENUE SOUTH, SUITE 901S ST. PETERSBURG, FL 33701</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>32-0051412</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**SPECTOR GADON & ROSEN, LLP  
360 CENTRAL AVENUE, SUITE 1550  
ST. PETERSBURG, FL 33701**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE <b>C</b>	<input checked="" type="checkbox"/> Delete
NAME <b>TSCHOP, CAROL</b>	
STREET ADDRESS <b>785 FIFTH AVE., THIRD FLOOR</b>	
CITY-ST-ZIP <b>CHAMBERSBURG, PA 17201</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Madonna, Harry D. Esq</b>	
STREET ADDRESS <b>P.O. Box 10867, Spector Gadon + Rosen PC</b>	
CITY-ST-ZIP <b>St. Petersburg, FL 337330867</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Harry D. Madonna* **Harry D. Madonna** **04/14/2004** **727-896-4600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #