


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90041 044 \*\*\*\*50.00

**20034681**

<b>DOCUMENT # L02000034779</b>	
1. Entity Name FI-CAPE CORAL, LLC	

Principal Place of Business 100 SECOND AVENUE SOUTH, SUITE 901S ST. PETERSBURG, FL 33701	Mailing Address 100 SECOND AVENUE SOUTH, SUITE 901S ST. PETERSBURG, FL 33701
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**DO NOT WRITE IN THIS SPACE**

01042006No Chg-LLC		CR2E083 (11/05)
4. FEI Number 32-0051412	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>
SPECTOR GADON & ROSEN, LLP 360 CENTRAL AVENUE, SUITE 1550 ST. PETERSBURG, FL 33701

**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 re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADONNA, HARRY DILLON P.O. BOX 10867 ST PETERSBURG, FL 337330867
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLAHER, RHONDA 109 ANTES LANE GRAMPIAN, PA 16838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WYATT, DEE 724 N. GOVERNORS AVENUE DOVER, DE 199047238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **4/10/06**

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