

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034837

FILED
Apr 30, 2005
Secretary of State

Entity Name: MID-CAPE REAL ESTATE, L.L.C.

Current Principal Place of Business:

1310 CEITUS TERRACE
CAPE CORAL, FL 33991

New Principal Place of Business:

1300 CEITUS TERRACE
CAPE CORAL, FL 33991

Current Mailing Address:

1310 CEITUS TERRACE
CAPE CORAL, FL 33991

New Mailing Address:

1300 CEITUS TERRACE
CAPE CORAL, FL 33991

FEI Number: 27-0042774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKLEY, PATRICK
1633 SOUTHEAST 47TH TERRACE
CAPE CORAL, FL 33910 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LYNCH, SUZANNE M
Address: 48 PROSPECT RD.
City-St-Zip: ANDOVER, MA 01810

Title: MGRM () Delete
Name: LYNCH, ROBERT S
Address: 48 PROSPECT RD.
City-St-Zip: ANDOVER, MA 01810

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LYNCH, SUZANNE M
Address: 11670 ROYAL TEE CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM (X) Change () Addition
Name: LYNCH, ROBERT S
Address: 11670 ROYAL TEE CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SUZANNE M. LYNCH

MGRM

04/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date