2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED
03 SEP 30 PM 3:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

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

Principal Place of Business	Mailing Address
13200 OAKMONT DRIVE. #3 FT. MYERS FL 33907	13200 OAKMONT DRIVE. #3 FT. MYERS FL 33907

9/30 ☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
PINE ISLAND ROAD	48 PROSPECT ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL, FL	City & State: ANDOVER MA
Zip: 33991 Country: USA	Zip: 01810 Country: USA

4. FEI Number: 27-0042774 ☐ Applied For ☐ Not Applic

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARPER, G. DOUGLAS PA
985 N. JEFFERSON STREET
MONTICELLO FL 33324

7. Name and Address of New Registered Agent

Name: PATRICK BUCKLEY
Street Address (P.O. Box Number is Not Acceptable): 1633 SOUTHEAST 47TH TERRACE
City: CAPE CORAL FL Zip Code: 33910

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 acce the obligations of registered agent.

SIGNATURE: [signature] DATE: 9/24/03
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

[redacted]

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LYNCH, SUZANNE M 48 PROSPECT RD. ANDOVER MA 01810 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add 100023453521 09/30/03--01092--004 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LYNCH, ROBERT S 48 PROSPECT RD. ANDOVER MA 01810 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MAJEWSKI, EUGENE W. 13200 OAKMONT DRIVE #3 FORT MYERS FL 33907 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

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 informatio 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 Suzanne M Lynch 9/24/03 (978)475-0474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #