

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000034837	
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1. Entity Name
MID-CAPE REAL ESTATE, L.L.C.

Principal Place of Business 13200 OAKMONT DRIVE #3 FT. MYERS FL 33907	Mailing Address 13200 OAKMONT DRIVE #3 FT. MYERS FL 33907
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2. Principal Place of Business PIKE ISLAND ROAD	3. Mailing Address 48 PROSPECT ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CAPE CORAL, FL	City & State ANDOVER, MA
Zip 33991	Zip 01810
Country USA	Country USA

6. Name and Address of Current Registered Agent
**HARPER, G. DOUGLAS PA
385 N. JEFFERSON STREET
MONTICELLO FL 33324**

4. FEI Number
27-0042774

5. Certificate of Status Dashed ☐ \$5.00 Additional Fee Required

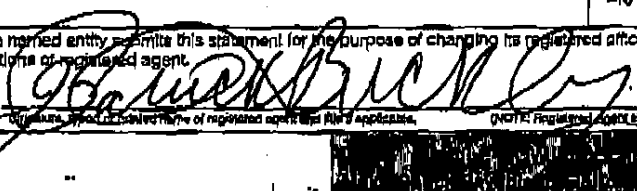
7. Name and Address of New Registered Agent

Name **PATRICK BUCKLEY**

Street Address (P.O. Box Number is Not Acceptable)
1633 SOUTHWEST 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 accept the obligations of, registered agent.

SIGNATURE  DATE **9/24/03**

Signature of individual named in registered office and not otherwise applicable. (NOT: Registered Agent signature required when named)

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add
NAME	LYNCH, SUZANNE M		NAME		
STREET ADDRESS	48 PROSPECT RD.		STREET ADDRESS		
CITY-ST-ZIP	ANDOVER MA 01810		CITY-ST-ZIP		
TITLE	MEM	☐ Delete	TITLE		☐ Change ☐ Add
NAME	LYNCH, ROBERT S		NAME		
STREET ADDRESS	48 PROSPECT RD.		STREET ADDRESS		
CITY-ST-ZIP	ANDOVER MA 01810		CITY-ST-ZIP		
TITLE	MEM	☐ Delete	TITLE		☐ Change ☐ Add
NAME	MAJEWSKI, EUGENE W.		NAME		
STREET ADDRESS	13200 OAKMONT DRIVE #3		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33907		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: **Suzanne M Lynch** 9/24/03 (928) 475-0474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

03 SEP 30 PM 3:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

9/30 ☒ CHECK HERE IF MAKING CHANGES