2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 04, 2008 08:00 AN Secretary of State

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1. Entity Name

CAPE CORAL CAPITAL, L.L.C.



Principal Place of Business

Mailing Address

4116 SE 20TH PLACE

4116 SE 20TH PLACE

CAPE CORAL, FL 33904

CAPE CORAL, FL 33904



DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 54-2096772

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIETZ, BARRON L 4116 SE 20TH PLACE CAPE CORAL, FL 33904

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| The above named entity submits this statement for the purpose of chathe obligations of registered agent. | inging its registered office or registered agent, or both, in the | State of Florida. I am familiar with, and accept |
|--|---|--|
| SIGNATURE | (NOTE: Registered Agent signature required when reinstating) | DAIE |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | · | |

MANAGING MEMBERS/MANAGERS MGRM THEF NAME DIETZ, BARRON L STREET ADDRESS 4116 SE 20TH PLACE, #203 CITY-ST-ZIP CAPE CORAL, FL 33904 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP

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supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information 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 particular empowered to execute this report as required by Chapter 608, Florida Statutes I hereby certify that the information indicated on this report is true and limited liability company of

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|----|---|---|----|----|----|----|

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

1/10/08

Daytime Phone #