FILED
04 NOV 10 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000017907

1. Entity Name
NORTH CAPE DEVELOPMENT ASSOCIATES I, LLC

BK

Principal Place of Business
3300 UNIVERSITY DRIVE, FIRST FLOOR
CORAL SPRINGS, FL 33065

Mailing Address
3300 UNIVERSITY DRIVE, FIRST FLOOR
CORAL SPRINGS, FL 33065

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

11102004 Chg-LLC CR2E010 (10/03)

4. FEI Number: 13-4252476 — Applied For / Not Applicable

6. Certificate of Status Desired — X — $5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

KINSEY, JOHN T
3300 UNIVERSITY DRIVE, FIRST FLOOR
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City — FL — Zip Code

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

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	LANDCO INVESTMENTS, LLC	
STREET ADDRESS	1551 NW 19TH STREET, SUITE 200	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

AMENDED 2004 A.R.

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

300045914443
11/30/04--01056--004 **55.00

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 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: [signature] 11/10/04

Signature and typed or printed name of managing member, manager or authorized representative — Date — Daytime Phone #