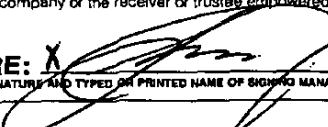


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

04-30-2004 90061 038 ****50.00

DOCUMENT # L03000028671 1. Entity Name CAPE PROPERTIES, LLC					
Principal Place of Business 1730 SE 47TH TERRACE CAPE CORAL, FL 33904 US			Mailing Address 1730 SE 47TH TERRACE CAPE CORAL, FL 33904 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 05-0580548	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FORRESTER, JAMES H 1429 COLONIAL BLVD. 201 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUKHANOV, STANISLAV 24139 SE 45TH PLACE ISSAQUAH, WA 98029	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEHERBAKOV, ALEXANDER 22 ILYCHEVA ST # 5 VLADIVOSTOK, NA 690018	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEHERBAKOV, ALEXANDER 22 ILYCHEVA ST # 5 VLADIVOSTOK, NA 690018	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEHERBAKOV, ALEXANDER 22 ILYCHEVA ST # 5 VLADIVOSTOK, NA 690018	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEHERBAKOV, ALEXANDER 22 ILYCHEVA ST # 5 VLADIVOSTOK, NA 690018	☐ Delete			
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: 				Date: 04/27/04 (239) 825-0111	