2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000037465

1. Entity Name
PREFERRED CAPE PROPERTIES, LLC

0UUJU1U0

Principal Place of Business	Mailing Address
3364 CLEVELAND AVENUE FORT MYERS, FL 33901	3364 CLEVELAND AVENUE FORT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

03222006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
59-2741691		Not Applicable

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

6. Name and Address of Current Registered Agent

RAGER, KENNETH D
3364 CLEVELAND AVENUE
FORT MYERS, FL 33901

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee Is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RAGER, KENNETH D
STREET ADDRESS	3364 CLEVELAND AVE
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

5/1/06   239-461-1414