


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90162 004 \*\*\*\*50.00

|                                                        |                                                                                   |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000050916</b>                         |  |
| 1. Entity Name<br><b>CAPE CITY DEVELOPMENT, L.L.C.</b> |                                                                                   |

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>999 CAXAMBAS DRIVE<br/>MARCO ISLAND FL 34145</b> | Mailing Address<br><b>999 CAXAMBAS DRIVE<br/>MARCO ISLAND FL 34145</b> |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



MOORE CR2E083 (11/03)

|                                                           |  |                                         |                                            |
|-----------------------------------------------------------|--|-----------------------------------------|--------------------------------------------|
| 4. FEI Number<br><b>13-4271745</b>                        |  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$5.00</b> Additional Fee Required   |                                            |

|                                                                    |  |                                                    |  |
|--------------------------------------------------------------------|--|----------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                    |  | 7. Name and Address of New Registered Agent        |  |
| <b>HENDRY, HARRY O<br/>2242 MAIN STREET<br/>FT. MYERS FL 33901</b> |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                          |  |
|----------------------------------------------------------|--|
| <b>FILE NOW!!! FEE IS \$50.00</b>                        |  |
| <b>Make Check Payable to Florida Department of State</b> |  |
| <b>Due By May 1, 2004</b>                                |  |

| 9. MANAGING MEMBERS / MANAGERS                 |                                                                                                                  | 10. ADDITIONS / CHANGES                        |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>WASHBURN, LYNNE W TRUSTEE<br>999 CAXAMBAS DRIVE<br>MARCO ISLAND FL 34145 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FLAHARTY, PATRICK<br>999 CAXAMBAS DRIVE<br>MARCO ISLAND FL 34145 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:** *Lynne Washburn* *Lynne Washburn* 3-25-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

239-289-4699