## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050916

Entity Name: CAPE CITY DEVELOPMENT, L.L.C.

**FILED** Feb 18, 2005 Secretary of State

Date

**Current Principal Place of Business: New Principal Place of Business:** 

999 CAXAMBAS DRIVE MARCO ISLAND, FL 34145

**Current Mailing Address: New Mailing Address:** 

999 CAXAMBAS DRIVE MARCO ISLAND, FL 34145

FEI Number: 13-4271745 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENDRY, HARRY O WASHBURN, LYNNE W 2242 MAIN STREET 999 CAXAMBAS DRIVE FT. MYERS, FL 33901 US MARCO ISLAND, FL 34145 US

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.

SIGNATURE: LYNNE W. WASHBURN

02/18/2005

Electronic Signature of Registered Agent

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM () Delete

Title: (X) Change ( ) Addition WASHBURN, LYNNE W TRUSTEE WASHBURN, LYNNE W TRUSTEE Name: Name:

Address: 999 CAXAMBAS DRIVE Address: 999 CAXAMBAS DRIVE City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM ( ) Delete Title: () Change () Addition

FLAHARTY, PATRICK Name: Name: Address: 11670 ROSEMONT DR. Address: City-St-Zip: FORT MYERS, FL 33913 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 W. WASHBURN 02/18/2005