

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050916

FILED  
Apr 07, 2008  
Secretary of State

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

**Current Principal Place of Business:**

999 CAXAMBAS DRIVE  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

999 CAXAMBAS DRIVE  
MARCO ISLAND, FL 34145

**New Mailing Address:**

FEI Number: 13-4271745

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WASHBURN, LYNNE W  
999 CAXAMBAS DRIVE  
MARCO ISLAND, FL 34145 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WASHBURN, LYNNE W TRUSTEE  
Address: 999 CAXAMBAS DRIVE  
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM ( ) Delete  
Name: FLAHARTY, PATRICK  
Address: 11670 ROSEMONT DR.  
City-St-Zip: FORT MYERS, FL 33913

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

MGR

04/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date