

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000050916

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

11670 ROSEMONT DRIVE  
FT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

17 STONEGATE CIRCLE  
SANTA FE, NM 87506

**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:**

SKRIVAN, KENT  
1420 PINE RIDGE RD  
120  
NAPLES, FL 33913 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  
**Name:** WASHBURN, LYNNE W TRUSTEE  
**Address:** 17 STONEGATE CIRCLE  
**City-St-Zip:** SANTA FE, NM 87506

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

I hereby 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 WASHBURN

MGR

04/18/2011

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