

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000012712

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Entity Name:** CAPE HOTEL SUITES L.L.C.

**Current Principal Place of Business:**

60 SEAGATE DRIVE  
SUITE 1704  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

60 SEAGATE DRIVE  
SUITE 1704  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 20-0694102

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRED, HIRSCHOVITS  
60 SEAGATE DR.  
SUITE 1704  
NAPLES, FL 34103 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: MGRM  
Name: TABOR, ELMER W  
Address: 4731 VINCENNES BLVD.  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM  
Name: FRED, HIRSCHOVITS  
Address: 60 SEAGATE DRIVE SUITE 1704  
City-St-Zip: NAPLES, FL 34103

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: FRED HIRSCHOVITS

MGRM

04/25/2010

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