

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000015275



1. Entity Name

CAPE CORAL INVESTMENT PROPERTIES, LLC

Principal Place of Business

9750 SW 15TH DRIVE
PLANTATION, FL 33324

Mailing Address

9750 SW 15TH DRIVE
PLANTATION, FL 33324



01122005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0776495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANSON, PAUL H
9750 SW 15TH DRIVE
PLANTATION, FL, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Paul Franson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000186823
01/21/05-80073-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FRANSON, PAUL H JR
STREET ADDRESS 9750 SW 15TH DRIVE
CITY-ST-ZIP PLANTATION, FL 33324

TITLE MGRM
NAME MIGNACCA, ROBERT
STREET ADDRESS 10701 SW 27TH STREET
CITY-ST-ZIP DAVIE, FL 33328

TITLE MGRM
NAME FRANSON, LISA M
STREET ADDRESS 9750 SW 15TH DRIVE
CITY-ST-ZIP PLANTATION, FL 33324

TITLE MGRM
NAME MIGNACCA, LINDA
STREET ADDRESS 10701 SW 27TH STREET
CITY-ST-ZIP DAVIE, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Paul Franson
1/18/2005 800-72-9044
Date Daytime Phone #