## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000015275

Entity Name: CAPE CORAL INVESTMENT PROPERTIES, LLC

FILED Mar 10, 2006 Secretary of State

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

9750 SW 15TH DRIVE 9750 SW 15TH DRIVE PLANTATION, FL 33324 9750 SW 15TH DRIVE DAVIE, FL 33324

Current Mailing Address: New Mailing Address:

9750 SW 15TH DRIVE 9750 SW 15TH DRIVE PLANTATION, FL 33324 9750 SW 15TH DRIVE DAVIE, FL 33324

FEI Number: 20-0776495 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:

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

FRANSON, PAUL H
9750 SW 15TH DRIVE
DAVIE, FL, FL 33324 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: 03/10/2006

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

MGRM ( ) Delete

 Name:
 FRANSON, PAUL H JR

 Address:
 9750 SW 15TH DRIVE

 City-St-Zip:
 PLANTATION, FL 33324 US

 Title:
 MGRM
 ( ) Delete

 Name:
 MIGNACCA, ROBERT

 Address:
 10701 SW 27TH STREET

 City-St-Zip:
 DAVIE, FL 33328 US

Title: MGRM () Delete
Name: FRANSON, LISA M
Address: 9750 SW 15TH DRIVE

PLANTATION, FL 33324 US

DAVIE, FL 33324 US

Title: MGRM () Delete
Name: MIGNACCA, LINDA
Address: 10701 SW 27TH STREET

City-St-Zip:

City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition

Name: FRANSON, PAUL H JR Address: 9750 SW 15TH DRIVE City-St-Zip: DAVIE, FL 33324 US

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

Title: MGRM (X) Change ( ) Addition

 Name:
 FRANSON, LISA M

 Address:
 9750 SW 15TH DRIVE

 City-St-Zip:
 DAVIE, FL 33324 US

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA FRANSON MRS. 03/10/2006