

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

07-13-2005 90109 041 ****55.00

DOCUMENT # L04000020173 1. Entity Name ESSEX CAPE CORAL, LLC					
Principal Place of Business 3491 BUCKHEAD LOOP ROAD ATLANTA, GA 30326			Mailing Address 3491 BUCKHEAD LOOP ROAD ATLANTA, GA 30326		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-4279299	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHEEHAN, ELAINE 5565 E. HARBOR VILLAGE DRIVE VERO BEACH, FL 32967				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER ROBERT SHEEHAN 3491 BUCKHEAD LOOP ATLANTA, GA 30326 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Jane Kirkman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 7/11/05 Daytime Phone #: 239-541-1372		

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