

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90021 024 ****50.00

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DOCUMENT # L04000024633 1. Entity Name NORTH CAPE ACQUISITIONS, L.L.C.			
Principal Place of Business 2301 DEL PRADO BLVD. SUITE 100 CAPE CORAL, FL 33990		Mailing Address 2301 DEL PRADO BLVD. SUITE 100 CAPE CORAL, FL 33990	
2. Principal Place of Business 1314 Lafayette St. Suite, Apt. #, etc. Suite C		3. Mailing Address 1314 Lafayette St. Suite, Apt. #, etc. Suite C	
City & State Cape Coral, FL		City & State Cape Coral, FL	
Zip 33904	Country USA	Zip 33904	Country USA
4. FEI Number 20-1013053		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHUTT, DARRIN R ESQ. 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Baserva, Jose Street Address (P.O. Box Number is Not Acceptable) 1314 Lafayette St., Suite C City Cape Coral, FL 33904	
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		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BASERVA, JOSE 2301 DEL PRADO BLVD. CAPE CORAL, FL 33990	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Baserva, Jose 1314 Lafayette St., Suite C Cape Coral, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HILL, THOMAS W 1318 LAFAYETTE STREET CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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:		DATE:	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	