

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031930

**FILED**  
**Jan 08, 2006**  
**Secretary of State**

**Entity Name:** CAPITAL PROPERTY ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

16951 COLONY LAKES BLVD  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

16951 COLONY LAKES BLVD  
FORT MYERS, FL 33908 US

**New Mailing Address:**

FEI Number: 86-1101413

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CABAI, KAREN  
16951 COLONY LAKES BLVD  
FORT MYERS, FL 33908 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: MGR ( ) Delete  
Name: CABAI, JAMES R  
Address: 16951 COLONY LAKES BLVD  
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGR ( ) Delete  
Name: CABAI, KAREN S  
Address: 16951 COLONY LAKES BLVD  
City-St-Zip: FORT MYERS, FL 33908 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES R CABAI

MGR

01/08/2006

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