

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L04000034097

1. Entity Name
CAPE ONE, LLC



Principal Place of Business
**302 N RUSSEL ST
MOUNT PROSPECT, IL 60056**

Mailing Address
**302 N RUSSEL ST
MOUNT PROSPECT, IL 60056**



04162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-8528571

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**URKOVICH, RONALD S
2323 WOOSTER LANE, STE 3
SANIBEL ISLAND, FL 33957**

**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 _____

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, 2007**

U00000724343
05/02/07-80106-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**MGRM
NOVAK, DANIEL
302 N RUSSEL ST
MOUNT PROSPECT, IL 60056**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**MGRM
KURKA, TOM C
1061 WHYTECLIFFE
PALTINE, IL 60067**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**MGRM
KURKA, STEVE L
210 EAST SUNSET
MT. PROSPECT, IL 60056**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

DANIEL A NOVAK

Date

4-17-07

Daytime Phone #

847-259-2550