

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90177 010 ****50.00

DOCUMENT # L04000049121

1. Entity Name

CAPE CORAL DEVELOPMENT GROUP, LLC



Principal Place of Business

7224 NW 116TH WAY
PARKLAND FL 33076

Mailing Address

7224 NW 116TH WAY
PARKLAND FL 33076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1394265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BILU, RON S ESQ.
10 FAIRWAY DRIVE
SUITE 304
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name **ABRAHAM FRIEDMAN**
Street Address (P.O. Box Number is Not Acceptable)
7224 NW 116 WAY
PARKLAND, FL 33076
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00.

Make Check Payable to Florida Department of State.

Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE ☐ Delete
NAME MGR
STREET ADDRESS FRIEDMAN, ABRAHAM
CITY - ST - ZIP 7224 NW 116TH WAY
PARKLAND FL 33076

TITLE ☐ Delete
NAME MGR
STREET ADDRESS FRIEDMAN, MICHAEL
CITY - ST - ZIP 7224 NW 116TH WAY
PARKLAND FL 33076

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #