


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90295 002 \*\*\*\*50.00

<b>DOCUMENT # L04000054757</b>	
1. Entity Name <b>LJS CAPE CORAL LLC</b>	

Principal Place of Business <b>4460 SHISLER ROAD CLARENCE NY 14031</b>	Mailing Address <b>P.O. BOX 381 CLARENCE NY 14031</b>
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2. Principal Place of Business <b>14206 DEVINGTON WAY</b>	3. Mailing Address <b>14206 DEVINGTON WAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

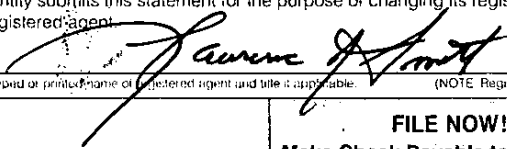
City & State <b>FT MYERS FL</b>	City & State <b>FORT MYERS FL</b>
Zip <b>33912</b>	Country <b>USA</b>

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SMITH, LAWRENCE J 14520 FARRINGTON WAY, #206 FT. MYERS FL 33912</b>	
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7. Name and Address of New Registered Agent Name <b>SMITH LAWRENCE J</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>14206 DEVINGTON WAY</b>	
City <b>FT MYERS FL</b>	Zip Code <b>33912</b>

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.

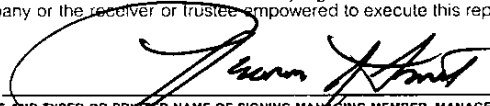
SIGNATURE  **LAWRENCE J SMITH 2/9/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>SMITH, LAWRENCE J</b>	
STREET ADDRESS <b>P.O. BOX 381</b>	
CITY-ST-ZIP <b>CLARENCE NY 14031</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, LAWRENCE J</b>	
STREET ADDRESS <b>14206 DEVINGTON WAY</b>	
CITY-ST-ZIP <b>FT MYERS FL 33912</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **LAWRENCE J SMITH 2/9/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **239. 225-9084**  
**716-759-2499**