

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057243

Entity Name: CAPE LEHIGH, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

840 E. OAKLAND PARK BLVD,
SUITE 110
FT. LAUDERDALE, FL 33334

New Principal Place of Business:

2813 CORAL SHORES DRIVE
FT. LAUDERDALE, FL 33306

Current Mailing Address:

840 E. OAKLAND PARK BLVD
SUITE 110
FT. LAUDERDALE, FL 33334

New Mailing Address:

2800 POST OAK BLVD, 61ST FLOOR
HOUSTON, TX 77056

FEI Number: 20-1448588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, ALAN B
100 W. CYPRESS CREEK RD
FT. LAUDERDALE, FL 33309 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: MGRM () Delete
Name: ZECA MANAGEMENT, LLC
Address: 840 E OAKLAND PARK BLVD, STE 110
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGRM (X) Delete
Name: S.P. (CORAL), LLC
Address: 840 E OAKLAND PARK BLVD, STE 110
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: S.P. (CORAL) LLC
Address: 2813 CORAL SHORES DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33306

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

I hereby certify that the information supplied with this filing does not qualify 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: DIANE SANDERS

CPA

04/30/2009

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