


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90021 025 ****50.00

DOCUMENT # L04000063168	
1. Entity Name NORTH CAPE 40, L.L.C.	

Principal Place of Business 2301 DEL PRADO BOULEVARD #100 CAPE CORAL, FL 33904	Mailing Address 2301 DEL PRADO BOULEVARD #100 CAPE CORAL, FL 33904
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2. Principal Place of Business 1314 Lafayette St. Suite, Apt. #, etc. Suite C City & State Cape Coral, FL Zip 33904	Country USA	3. Mailing Address 1314 Lafayette St. Suite, Apt. #, etc. Suite C City & State Cape Coral, FL Zip 33904	Country USA
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14010040



01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1612641	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHUTT, DARRIN R ESQ 1105 CAPE CORAL PARKWAY EAST STE. C CAPE CORAL, FL 33904	7. Name and Address of New Registered Agent Name Baserva, Jose Street Address (P.O. Box Number is Not Acceptable) 1314 Lafayette St., Suite C City Cape Coral, FL Zip Code 33904
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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.

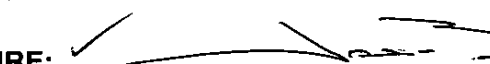
SIGNATURE  DATE 4/25/05

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILL, THOMAS W 1318 LAFAYETTE STREET CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLAUS KETTNEL INVESTMENT CORP. 1318 LAFAYETTE STREET CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Klaus Kermel Investment Corp. 1318 Lafayette St. Cape Coral, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASETVA, JOSE 2301 DEL PRADO BOULEVARD #100 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Baserva, Jose 1314 Lafayette St., Suite C Cape Coral, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCACELLO, DON 4100 STEAMBOAT BEND EAST FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Scarcello, Don 4100 Steamboat Bend East Fort Myers, FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 4/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE