

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069903

Entity Name: C A P INVESTMENTS, LLC

FILED
Apr 23, 2005
Secretary of State

Current Principal Place of Business:

1125 SE 28TH TERRACE
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

1125 SE 28TH TERRACE
CAPE CORAL, FL 33904 US

New Mailing Address:

2710 DEL PRADO BLVD
#2-311
CAPE CORAL, FL 33904 US

FEI Number: 20-1659532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERP, COLLEEN D
1125 SE 28TH TERRACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

ERP, COLLEEN D
2710 DEL PRADO BLVD
#2-311
CAPE CORAL, FL 33904 US

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: COLLEEN D. ERP

04/23/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ERP, COLLEEN D
Address: 1125 SE 28TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ERP, COLLEEN D
Address: 2710 DEL PRADO BLVD #2-311
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM () Change (X) Addition
Name: DOUGLAS, NICOLE R
Address: 2710 DEL PRADO BLVD #2-311
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NICOLE R. DOUGLAS

MGRM

04/23/2005

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