

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90153 034 \*\*\*\*50.00

DOCUMENT # L04000079031

1. Entity Name

CAPE CARPE LLC



Principal Place of Business

4707 S.E. 9TH PLACE  
CAPE CORAL FL 33904

Mailing Address

4707 S.E. 9TH PLACE  
CAPE CORAL FL 33904

2. Principal Place of Business

102 SUNNYSIDE DRIVE  
Suite, Apt. #, etc.  
c/o FEINSTEIN

3. Mailing Address

102 SUNNYSIDE DRIVE  
Suite, Apt. #, etc.  
c/o FEINSTEIN

City & State

YONKERS NY

City & State

YONKERS, N.Y.

Zip

10705

Country

USA

Zip

10705

Country

USA

1st MOORE

CR2E083 (10/04)

4. FEL Number

20-2182975

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LLOYD, DAN  
4707 S.E. 9TH PLACE  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM  
NAME FEINSTEIN, MARTHA S  
STREET ADDRESS 102 SUNNYSIDE DRIVE  
CITY-ST-ZIP YONKERS NY 10705 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE MGRM  
NAME PAUL D. FEINSTEIN  
STREET ADDRESS 102 SUNNYSIDE DRIVE  
CITY-ST-ZIP YONKERS ☒ Change ☐ Addition

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

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

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

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

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

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

Date

Daytime Phone #

02/15/05 2126872080