

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000079031

Entity Name: CAPE CARPE LLC

**FILED**  
**May 13, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

102 SUNNYSIDE DRIVE C/O FEINSTEIN  
YONKERS, NY 10705

**New Principal Place of Business:**

**Current Mailing Address:**

102 SUNNYSIDE DRIVE C/O FEINSTEIN  
YONKERS, NY 10705

**New Mailing Address:**

FEI Number: 20-2182975      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

EKADAH, ROBERT  
428 DEL PRODO BOULEVARD NORTH  
CAPE CORAL, FL 33909      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: FEINSTEIN, PAUL D  
Address: 102 SUNNYSIDE DRIVE  
City-St-Zip: YONKERS, NY 10705

**ADDITIONS/CHANGES:**

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: PAUL D. FEINSTEIN

MGRM

05/13/2008

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