




2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 9:16

DOCUMENT # L04000087273			
1. Entity Name CAPE HOLDINGS, LLC			
Principal Place of Business 6558 DOG TRACK ROAD EBRO, FL 32437		Mailing Address 6558 DOG TRACK ROAD EBRO, FL 32437	
2. Principal Place of Business		3. Mailing Address PO BOX 669	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PORT ST. JOE	
Zip	Country	Zip	Country
32456	USA	32456	USA
4. FEI Number 37-1495585		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GIOIELLO, JOHH L ESQ 404 JENKS AVENUE PANAMA CITY, FL 32401		7. Name and Address of New Registered Agent Name: DOUGLAS ALTMAN Street Address (P.O. Box Number is Not Acceptable): 301 20th STREET City: PORT ST. JOE FL Zip Code: 32456	
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: 3-26-6	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HESS, MARK N 6558 DOG TRACK ROAD EBRO, FL 32437 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500070792595 04/18/06--01029--022 **205.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALTMAN, DOUGLAS PO BOX 669 PORT ST. JOE, FL 32457 <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 REINSTATEMENT 05-06
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
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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: 		DOUGLAS ALTMAN 3-26-6 850 960 8118	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	