
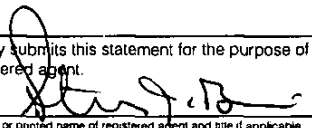
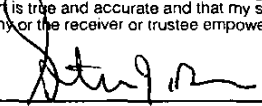


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90074 018 ****50.00

DOCUMENT # L05000012508					
1. Entity Name KAPES MANAGEMENT LLC					
Principal Place of Business 1835 FIDDLER COURT TALLAHASSEE, FL 32308			Mailing Address 1835 FIDDLER COURT TALLAHASSEE, FL 32308		
2. Principal Place of Business 9220 Bonita Beach Road Suite, Apt. #, etc. Suite 200-23 City & State Bonita Springs, FL Zip 34135		3. Mailing Address 9220 Bonita Beach Road Suite, Apt. #, etc. Suite 200-23 City & State Bonita Springs, FL Zip 34135		04262006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 11-3743083				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent FOREHAND, WALTER E 125 S. GADSDEN ST., STE. 300 TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent Name Steven J. Bracci Street Address (P.O. Box Number is Not Acceptable) 9220 Bonita Beach Road Suite 200-23 City Bonita Springs FL Zip Code 34135				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: 4/28/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PREBLE, GREGORY S 1835 FIDDLER COURT TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Preble, Gregory S 2822 Remington Green Circle Suite 201 Tallahassee, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRACCI, STEVEN J 1835 FIDDLER COURT TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bracci Steven, J 9220 Bonita Beach Road Suite 200-23 Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			4/28/06 239-272-4500		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		