


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L05000018286 1. Entity Name CAPE CORAL VEST, LLC |  |
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| Principal Place of Business 6111 PEACHTREE DUNWOODY ROAD SUITE B-102 ATLANTA, GA 30328-4577 | Mailing Address 6111 PEACHTREE DUNWOODY ROAD SUITE B-102 ATLANTA, GA 30328-4577 |
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DO NOT WRITE IN THIS SPACE

04242007 No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 20-2380087 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COLLIERS, WILLIAM R 6111 PEACHTREE DUNWOODY RD STE 102B ATLANTA, GA 30328 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BULLINGTON, STAN R 6111 PEACHTREE DUNWOODY RD STE 102B ATLANTA, GA 30328 |
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U000000745581
05/16/07-80035-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Stan Bullington 4/26/07 770-391-1993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #