
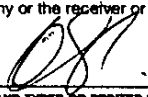


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90173 035 \*\*\*\*50.00

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # L05000034416</b><br>1. Entity Name<br><b>CAPE FOUR LLC</b>   |   |  |  |   |  |
| Principal Place of Business<br><b>2121 NW 24 AVE.<br/>MIAMI, FL 33142</b>  |   |  | Mailing Address<br><b>2121 NW 24 AVE.<br/>MIAMI, FL 33142</b>  |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |  |  |
| City & State   |   | City & State   |  |  |  |
| Zip  | Country   | Zip  | Country  | 01192006    Chg-LLC    CR2E083 (11/05)<br>4. FEI Number<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">20-2658012</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">Applied For<br/>Not Applicable</div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |   |  |  |  |  |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent  |  |  |
| <b>POLO, OLGA</b><br><b>2121 NW 24 AVE.</b><br><b>MIAMI, FL 33142</b>  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>       |  |  |
| 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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |  |  |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br><b>POLO, OLGA</b><br><b>2121 NW 24 AVE.</b><br><b>MIAMI, FL 33142</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>   |  |
| 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. |   |  |  |  |  |
| <b>SIGNATURE:</b>   |   |  | <div style="display: flex; justify-content: space-between;"> <div> <b>2/3/06</b><br/> <small>Date</small> </div> <div> <b>305/635-1713</b><br/> <small>Daytime Phone #</small> </div> </div> |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  |  |  |  |

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