2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 14, 2008 08:00 AN **DOCUMENT # L05000034416 Secretary of State** 1. Entity Name CAPE FOUR LLC Principal Place of Business Mailing Address 2121 NW 24 AVE. 2121 NW 24 AVE. MIAMI, FL 33142 MIAMI, FL 33142 03112008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2658012 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POLO, OLGA DO NOT WRITE 2121 NW 24 AVE. MIAMI, FL 33142 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000859083 04/02/08-80004-018 138.75 9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME POLO, OLGA STREET ADDRESS 2121 NW 24 AVE. CITY-ST-7/P MIAMI, FL 33142 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 it 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.

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NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

OR PRINTED NAME OF BIG

SIGNATURE:

FILED

Daytime Phone #