

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000044004



1. Entity Name

CAPE CORAL ESTATES, L.L.C.

Principal Place of Business

30001 GOLDEN LANTERN
LAGUNA NIGUEL CA 92677

Mailing Address

30001 GOLDEN LANTERN
C/O LEASING OFFICE
LAGUNA NIGUEL CA 92677



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2827506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCKLEY, J. PATRICK ATTY
1633 SE 47 TERRACE
CAPE CORAL FL 33910

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete
NAME: FROST, MARK
STREET ADDRESS: 30001 GOLDEN LANTERN
CITY- ST- ZIP: LAGUNA NIGUEL CA 92677

TITLE: MGRM ☐ Delete
NAME: FROST, JESS
STREET ADDRESS: 30001 GOLDEN LANTERN
CITY- ST- ZIP: LAGUNA NIGUEL CA 92677

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP: 000000622976
02/13/07-80046-016 50.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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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 Section 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:

Mark C. Frost

MARK C. FROST

1-30-07

949-495-5048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #