

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000052649**

1. Entity Name  
**KAPE CHICAGO HOLDINGS, LLC**



Principal Place of Business  
**2648 NE 37TH AVENUE  
FORT LAUDERDALE, FL 33308 US**

Mailing Address  
**2648 NE 37TH AVENUE  
FORT LAUDERDALE, FL 33308 US**



01042007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2918745**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SMITH, DENNIS D ESQ.  
C/O TRIPP SCOTT, P.A.  
110 SE 6TH STREET, 15TH FLOOR  
FORT LAUDERDALE, FL 33301**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PEICHER, JACK  
2648 NE 37TH AVENUE  
FORT LAUDERDALE, FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PEICHER, ANABEL  
2648 NE 37TH AVENUE  
FORT LAUDERDALE, FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000589795  
01/18/07-80030-016 50.00

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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:**

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

Date

Daytime Phone #

*[Handwritten signatures and dates]*  
1/12/07 954357-1100