

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061243

Entity Name: THE CAPE LLC

FILED  
May 15, 2006  
Secretary of State

**Current Principal Place of Business:**

890 JUDY COURT  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

890 JUDY COURT  
PALM BAY, FL 32905

**New Mailing Address:**

1124 SW 21ST LANE  
BOCA RATON, FL 33486

FEI Number: 20-3024902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CIANCIO, STEVEN  
1124 SW 21ST LANE  
BOCA RATON, FL 33486      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CIANCIO, STEVEN  
Address: 1124 SW 21ST LANE  
City-St-Zip: BOCA RATON, FL 33486 US

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGMR      ( ) Change (X) Addition  
Name: FINLEY, CHRIS  
Address: 107 REGGIES WAY  
City-St-Zip: LAGRANGEVILLE, NY 12540

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN CIANCIO

MGR

05/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date