


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L05000061243 1. Entity Name THE CAPE LLC	
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Principal Place of Business 890 JUDY COURT PALM BAY, FL 32905	Mailing Address 1124 SW 21ST LANE BOCA RATON, FL 33486
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DO NOT WRITE IN THIS SPACE



02022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3024902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CIANCIO, STEVEN 1124 SW 21ST LANE BOCA RATON, FL 33486	DO NOT WRITE IN THIS SPACE
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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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIANCIO, STEVEN 1124 SW 21ST LANE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINLEY, CHRIS 107 REGGIES WAY LAGRANGEVILLE, NY 12540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/14/07-80033-011 50.00

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: X *Steven C. Ciano* **3/1/07** **561-703-0914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #