

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062577

FILED
Apr 26, 2007
Secretary of State

Entity Name: CAPE CORAL PARKWAY INVESTMENTS, L.L.C.

Current Principal Place of Business:

4002 DEL PRADO PARKWAY, SOUTH
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4002 DEL PRADO PARKWAY, SOUTH
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 20-3404131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUTT, DARRIN R ESQ
1105 CAPE CORAL PARKWAY EAST, SUITE C
CAPE CORAL, FL 33904 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: MGRM () Delete
Name: LEE & ASSOCIATES 001, , L.L.C.
Address: 4002 DEL PRADO BOULEVARD
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM () Delete
Name: DIFEDE & ASSOCIATES, 005, L.L.C.
Address: 4002 DEL PRADO BOULEVARD
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM () Delete
Name: 2 DK'S III, L.L.C.,
Address: 996 WEST JERICHO TURNPIKE
City-St-Zip: SMITHTOWN, NY 11787

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LEE & ASSOCIATES 001, LLC

MGRM

04/26/2007

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