

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072802

FILED
Apr 27, 2006
Secretary of State

Entity Name: CAPE SHINE LLC

Current Principal Place of Business:

3002 SW 9TH PLACE
CAPE CORAL, FL 33914

New Principal Place of Business:

1630 SW 16TH COURT
CAPE CORAL, FL 33991

Current Mailing Address:

3002 SW 9TH PLACE
CAPE CORAL, FL 33914

New Mailing Address:

PO BOX 60706
FT. MYERS, FL 33906

FEI Number: 55-0904991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, GLENN B
3002 SW 9TH PLACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

JOHNSON, GLENN B
1630 SW 16TH COURT
CAPE CORAL, FL 33991 US

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:

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, GLENN B
Address: 3002 SW 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM () Delete
Name: JOHNSON, JULIET R
Address: 3002 SW 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, GLENN B
Address: 1630 SW 16TH COURT
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM (X) Change () Addition
Name: JOHNSON, JULIET R
Address: 1630 SW 16TH COURT
City-St-Zip: CAPE CORAL, FL 33991

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: GLENN B. JOHNSON

MGRM

04/27/2006

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