


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90040 007 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L05000073752</b>                         |  |
| 1. Entity Name<br><b>CAPE LIGHT DEVELOPMENT 2, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>7345 SAND LAKE ROAD<br/>406<br/>ORLANDO, FL 32819</b> | Mailing Address<br><b>7345 SAND LAKE ROAD<br/>406<br/>ORLANDO, FL 32819</b> |
|---|---|

|                                |                                |                    |         |
|--------------------------------|--------------------------------|--------------------|---------|
| 2. Principal Place of Business |                                | 3. Mailing Address |         |
| Suite, Apt. #, etc. <b>407</b> | Suite, Apt. #, etc. <b>407</b> |                    |         |
| City & State                   |                                | City & State       |         |
| Zip                            | Country                        | Zip                | Country |



04062006 Chg-LLC CR2E083 (11/05)

|   |  |  |
|---|--|--|
| 4. FEI Number <b>59-3812265</b>                           |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$5.00</b> Additional Fee Required                  |

|  |  |  |           |
|--|--|--|-----------|
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent        |           |
| <b>SONU, SHUKLA</b><br><b>5950 LAKEHURST DRIVE</b><br><b>287</b><br><b>ORLANDO, FL 32819</b> |  | Name   |           |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |           |
|  |  |  |           |
|  |  | City   | <b>FL</b> |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DIAS GARCIA, JORGE B JR.<br>7345 SAND LAKE ROAD STE. 406<br>ORLANDO, FL 32819 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BONDY, ROBERT M<br>709 GUERNSEY STREET<br>ORLANDO, FL 32804 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *J.B. Dias Garcia* **04. 10. 06** **407 363 4747**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #