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Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90021 015 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000073889

1. Entity Name
CAPE ESTATES HOME SITES, LLC

20038386

Principal Place of Business	Mailing Address
C/O GREENE & LEE, PL 111 NORTH ORANGE AVE., SUITE 775 ORLANDO, FL 32801	C/O GREENE & LEE, PL 111 NORTH ORANGE AVE., SUITE 775 ORLANDO, FL 32801
2. Principal Place of Business c/o Greene & Lee, P.L.	3. Mailing Address c/o Greene & Lee, P.L.
Suite, Apt. #, etc. 111 N. Orange Ave. Suite 1450	Suite, Apt. #, etc. 111 N. Orange Ave. Suite 1450
City & State Orlando, Florida	City & State Orlando, Florida
Zip 32801 / Country U.S.A.	Zip 32801 / Country U.S.A.

04112006 Chg-LLC CR2E083 (11/05)

4. FEI Number: [ ] Applied For [X] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREENE & LEE, PL ATTN: ROBERT Q. LEE 111 NORTH ORANGE AVE., SUITE 775 ORLANDO, FL 32801	Name: Greene & Lee, P.L. Street Address (P.O. Box Number is Not Acceptable): 111 N. Orange Ave. Suite 1450 City: Orlando FL Zip Code: 32801

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: Robert Q. Lee, Manager, Greene & Lee, P.L. April 11, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member David Q. Chu P.O. Box 4716 San Jose, California 95150 [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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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: David Q. Chu, Managing member, April 11, 2006 (408) 910-9409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #