FILED
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

04112006 Chg-LLC CR2E083 (11/05)

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	3. Mailing Address
c/o Greene & Lee, P.L.	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.

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE & LEE, PL
ATTN: ROBERT Q. LEE
111 NORTH ORANGE AVE., SUITE 775
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

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 reinstating) 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

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 #