


**2007 LIMITED LIABILITY COMPANY.  
ANNUAL REPORT**

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90198 031 \*\*\*\*50.00

DOCUMENT # L05000096071 1. Entity Name CAPITAL PROPERTIES GROUP AT BIKINI BEACH, LLC	
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Principal Place of Business C/O CAPITAL PROPERTIES GROUP 3364 CLEVELAND AVE. FT. MYERS, FL 33901	Mailing Address C/O CAPITAL PROPERTIES GROUP 3364 CLEVELAND AVE. FT. MYERS, FL 33901
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60051120



04132007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For 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

RAGER, KENNETH D  
3364 CLEVELAND AVE  
FT. MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PRES</del> <b>MANAGING MEMBER</b> RAGER, KENNETH D 3364 CLEVELAND AVE FORT MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE

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:  DATE: 4/25/07 DAYTIME PHONE #: 239-481-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #