2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000096071

1. Entity Name

CAPITAL PROPERTIES GROUP AT BIKINI BEACH, LLC



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

FILED May 02, 2008 08:00 AN Secretary of State



04092008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number NOT APPLICABLE	
	TTO THE ELOPIDEE	

Applied For Not Applicable

Certificate of Status Desired

\$5.00 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

	a named entity submits this statement for the purpose of cha tions of registered agent.	inging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE	
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	RAGER, KENNETH D	•	U00000943965 05/29/03-80081-004 138.75	
STREET ADDRESS	3364 CLEVELAND AVE			
CITY-ST-ZIP	FORT MYERS, FL 33901			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE			•	
NAME				
STREET ADDRESS		I DO	NOT WRITE	
CITY-ST-ZIP			NOI WINIE	
TITLE		IN IN	THIS SPACE	
NAME		1 114	THIS SPACE	
STREET ADDRESS				
CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filling 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 specified or true time 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 specified effect as required by Chapter 608. Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/20/09

239-481-1414

Daylime Phone #