2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103368

Entity Name: CAPE HAZE LLC

FILED Apr 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

804 SE 19 STREET 4021 PETERS ROAD

FORT LAUDERDALE, FL 33316 102

PLANTATION, FL 33317

Current Mailing Address: New Mailing Address:

804 SE 19 STREET 4021 PETERS ROAD

FORT LAUDERDALE, FL 33316 102

PLANTATION, FL 33317

FEI Number: 20-4226251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHOTTENFELD, DAVID J P.A.

7520 NW 5TH STREET, SUITE 203
PLANTATION, FL 33317 US

COVERS, GUNTHER E
4021 PETERS ROAD
102

LANTATION, FL 33317 US #102 PLANTATION, FL 33317 US

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.

SIGNATURE: GUNTHER E COVERS 04/13/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 STATON, JAMES
 Name:

 Address:
 5231 SW 18 STREET
 Address:

 City-St-Zip:
 PLANTATION, FL 33317
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:COVERS, GUNTHERName:COVERS, GUNTHERAddress:2649 MARION DRIVEAddress:4021 PETERS ROAD # 102City-St-Zip:FORT LAUDERDALE, FL 33316City-St-Zip:PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GUNTHER E COVERS MGMR 04/13/2006