

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000047763

1. Entity Name

CAPE FEAR LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 14 AM 9:50

Principal Place of Business

7304 N.W. 34TH STREET
MIAMI FL 33122

Mailing Address

7304 N.W. 34TH STREET
MIAMI FL 33122

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-4953653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME GOLDBERG, MICHAEL
STREET ADDRESS 7304 N.W. 34TH STREET
CITY-ST-ZIP MIAMI FL 33122

TITLE MGR ☐ Delete
NAME GOLDBERG, TERRY
STREET ADDRESS 7304 N.W. 34TH STREET
CITY-ST-ZIP MIAMI FL 33122

TITLE S ☐ Delete
NAME GOLDBERG, TERRY
STREET ADDRESS 7304 N.W. 34TH STREET
CITY-ST-ZIP MIAMI FL 33122

TITLE T ☐ Delete
NAME GOLDBERG, MICHAEL
STREET ADDRESS 7304 N.W. 34TH STREET
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 900088218469
STREET ADDRESS 02/13/07--01023--007 **\$600.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

[Signature]

1/26/07

(205) 5991231