

DOCUMENT# L06000054627

Entity Name: CAPE PROPERTIES GROUP LLC

Current Principal Place of Business:

P.O. BOX 4410
CARY, NC 27519

New Principal Place of Business:

17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

Current Mailing Address:

P.O. BOX 4410
CARY, NC 27519

New Mailing Address:

P.O. BOX 566
DEARBORN, MI 48120

FEI Number: _____ **FEI Number Applied For (X)** _____ **FEI Number Not Applicable ()** _____ **Certificate of Status Desired ()** _____

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SALMAN, H.
Address: P.O. BOX 4410
City-St-Zip: CARY, NC 27519

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SALMAN, H.
Address: P.O. BOX 566
City-St-Zip: DEARBORN, MI 48121

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: H. SALMAN

MGR

01/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date