

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000747

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

**Entity Name:** CAPE TRAFALGAR II, LLC

**Current Principal Place of Business:**

458 MARQUESAS CT.  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

1559 SOUTH BARFIELD CT.  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

5460 CASCADE RD., S.E.  
GRAND RAPIDS, MI 49546

**New Mailing Address:**

P.O. BOX 6070  
GRAND RAPIDS, MI 49516

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

LAVALLEE, KEVIN  
458 MARQUESAS CT.  
MARCO ISLAND, FL 34145 US

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

CONATSER, TIM  
1559 SOUTH BARFIELD CT.  
MARCO ISLAND, FL 34145 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: TIM CONATSER

03/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LACKS, KURT E  
Address: 5460 CASCADE RD., S.E.  
City-St-Zip: GRAND RAPIDS, MI 49546

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: CONATSER, TIM  
Address: 1559 SOUTH BARFIELD CT.  
City-St-Zip: MARCO ISLAND, FL 34145

I hereby certify that the information supplied with this filing does not qualify 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: TIM CONATSER

MGR

03/30/2009

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