

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000066434

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** GRAY CAPE, LLC

**Current Principal Place of Business:**

6700 WINKLER ROAD  
SUITE 4  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

6700 WINKLER ROAD  
SUITE 4  
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 26-4416878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DORAGH, PETE  
6700 WINKLER ROAD  
SUITE 4  
FORT MYERS, FL 33919 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  
**Name:** LEVINE, STEVEN E  
**Address:** P.O. BOX 7325  
**City-St-Zip:** FORT MYERS, FL 33911

**Title:** MGR  
**Name:** EATON, ALEXANDER  
**Address:** P.O. BOX 61768  
**City-St-Zip:** FORT MYERS, FL 33906

I hereby 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:** STEVEN LEVINE

MGR

01/17/2011

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