


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  CAPE TOWN, L.C. P.O. BOX 13606 ROANOKE VA 24035		DOCUMENT # L95000000940			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		1a. Principal Place of Business Address  364 GOLFVIEW RD. #506A N. PALM BEACH FL 33408	
3. Date Organized or Qualified 12/05/1995		3a. State of Formation FL		4. FEI Number 54-1786366 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 05/12/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
7. Name and Address of Current Registered Agent  BAILY, JAY E 46 N. WASHINGTON BLVD., STE. 13 SAPASOTA FL 34236			8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (Initials) Registered Agent's signature, name and address of company</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	MORRIS, WILLIAM S	364 GOLFVIEW RD. #506A		N. PALM BEACH FL	
MEM	MORRIS, STEVEN W	364 GOLFVIEW RD. #506A		N. PALM BEACH FL	
MEM	CISNE, SHERRI MORRIS	364 GOLFVIEW RD. #506A		N. PALM BEACH FL	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address. <b>SIGNATURE:</b> _____ <small>SIGNATURE ALSO TYPED OR PRINTED NAME OF GROUP'S MANAGING MEMBER OR SECRETARY</small>					