

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L97000000484

FILED  
Jan 11, 2002 8:00 AM  
Secretary of State

Entity Name: CAPE HOTEL ASSETS, L.C.

## Current Principal Place of Business:

325 FIFTH AVE  
SUITE 207  
INDIALANTIC, FL 32903

## New Principal Place of Business:

## Current Mailing Address:

325 FIFTH AVE  
SUITE 207  
INDIALANTIC, FL 32903

## New Mailing Address:

P O BOX 33547  
INDIALANTIC, FL 32903

FEI Number: 59-3444720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOONIN, LAUREN B  
325 FIFTH AVE  
SUITE 207  
INDIALANTIC, FL 32903 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/MEMBERS:

Title: MGR ( ) Delete  
Name: THOMPSON, C. WAYNE  
Address: 325 FIFTH AVENUE #207  
City-St-Zip: INDIALANTIC, FL 32903

Title: MGR ( ) Delete  
Name: VOLKERT, LEON H  
Address: 4116 N OCEAN DR #700  
City-St-Zip: LAUDERDALE-BY-THE-SEA, FL 33308

Title: MGR ( ) Delete  
Name: KOONIN, LAUREN B  
Address: 325 FIFTH AVE #207  
City-St-Zip: INDIALANTIC, FL 32903

Title: MGR ( ) Delete  
Name: FAUST, CHARLES R  
Address: 4116 N OCEAN DR #700  
City-St-Zip: LAUDERDALE-BY-THE-SEA, FL 33308

## ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAUREN B. KOONIN

MGR

01/11/2002

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