Applied For

\$5.00 Additional

Fee Required

Zip Code

Not Applicable

## **ÄPPROVED** 2000 UNIFORM BUSINESS REPORT (UBR) L99000002158 DOCUMENT # 1. Entity Name 10 PAY -6 AH 10: 41 NORTH CAPE PROJECTS, L.L.C. SECRETARY OF STATE Wallahasse, Florida Mailing Address Principal Place of Business 2534 NE 9TH AVENUE. UNIT 1 2534 NE 9TH AVENUE, UNIT 1 CAPE CORAL FL 33909-2928 CAPE CORAL FL 33909 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARTON, DAVID Street Address (P.O. Box Number is Not Acceptable) 2534 NE 9TH AVENUE, UNIT 1 CAPE CORAL FL 33909 8. 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. DATE FILE NOW!!! FEE IS \$50.00 Check Payable to Department of State

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9.	MANAGING MEMBERS/MEMBERS		10.	ADDITIONS/CHANGES				
TITLE  WARKE  STREET ADDRESS  CITY-ST-ZIP	MGRM BARTON, DAVID 2534 NE 9TH AVENUE, UNIT 1 CAPE CORAL FL 33909	☐ Deletts	TITLE MAME STREET ADDRESS GITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOPTIS, WILLIAM 8180 BRECKSVILLE ROAD CLEVELAND OH 44141	□ Deista ;	TITLE NAME STREET ADDRESS CITY-ST-ZIP		3001	-08/01/00		31 7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FGB REALTY & INVESTMENT CORP. 2534 NE 9TH AVENUE, SUITE 1 CAPE CORAL FL 33909	Deletto	TITLE *NAME *STREET ADDRESS CITY-ST-ZIP	سد مسیب استان در	-	ال التنظيم المنظم ال	☐ Change	Addition
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TITLE HAME STREET ADDRESS		☐ Debits	TITLE NAME STREET ADDRESS				☐ Change	Addition

I 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 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.

SIGNATURE: