2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

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Entity Name: NORTH CAPE PROJECTS, L.L.C.

Current Principal Place of Business:

2534 NE 9TH AVENUE, UNIT 1
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

2534 NE 9TH AVENUE, UNIT 1
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 65-0921034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTON, DAVID
2534 NE 9TH AVENUE, UNIT 1
CAPE CORAL, FL 33909 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: MGRM ( ) Delete
Name: BARTON, DAVID
Address: 2534 NE 9TH AVENUE, UNIT 1
City-St-Zip: CAPE CORAL, FL 33909

Title: MGRM ( ) Delete
Name: KOPTIS, WILLIAM
Address: 9150 SOUTH HILLS BLVD. STE. 330
City-St-Zip: BROADVIEW HEIGHTS, OH 44147

Title: MGRM ( ) Delete
Name: FGB REALTY & INVESTM, ENT CORP.
Address: 2534 NE 9TH AVENUE, SUITE 1
City-St-Zip: CAPE CORAL, FL 33909

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID BARTON MGRM 04/26/2006

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