

FILED
Jul 15, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M03000003067		
1. Entity Name B & J CAPE HAZE LLC		
Principal Place of Business 7500 COLLEGE PKWY. FORT MYERS, FL 33907		Mailing Address 7500 COLLEGE PKWY. FORT MYERS, FL 33907
DO NOT WRITE IN THIS SPACE		
		07062004 No Chg-LLC CR2E083 (10/03)
4. FEI Number 20-0200699		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent HAFELE, DALE G 7500 COLLEGE PKWY. FORT MYERS, FL 33907		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
Filing Fee is \$50.00 Due by September 8, 2004		
9. MANAGING MEMBERS/MANAGERS		<div>11000000186523 07/15/04-80012-006 50.00</div> DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR NAP MANAGEMENT LLC 212 E. THIRD ST., STE. 300 CINCINNATI, OH 45202	
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11. 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		TREASURER 7/9/04 <small>Date Daytime Phone #</small>