

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000948

Entity Name: THE CAVE WELLS LLC

FILED  
Apr 30, 2006  
Secretary of State

**Current Principal Place of Business:**

60 FOSTERTOWN ROAD  
MEDFORD, NJ 08055

**New Principal Place of Business:**

**Current Mailing Address:**

60 FOSTERTOWN ROAD  
MEDFORD, NJ 08055

**New Mailing Address:**

FEI Number: 20-2356429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGR ( ) Delete  
Name: CAVE, LOWELL P  
Address: 60 FOSTERTOWN ROAD  
City-St-Zip: MEDFORD, NJ 08055

Title: MGR ( ) Delete  
Name: WELLS, STEVEN  
Address: 3734 PAULA AVE.  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES:**

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: LOWELL P. CAVE

MGR

04/30/2006

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