


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M98000000590 1. Entity Name CAPE AEROSPACE, L.L.C.	
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Principal Place of Business 2659 NE 9TH AVE CAPE CORAL, FL 33909	Mailing Address 2659 NE 9TH AVE CAPE CORAL, FL 33909
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DO NOT WRITE IN THIS SPACE



01122005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0833536	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

NETHERCOT, DAVID C
1832 IMPERIAL GOLF COURSE BLVD.
NAPLES, FL 34110

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NETHERCOT, DAVID C 1832 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABRAMS, MARC O 927 SE 23RD STREET CAPE CORAL, FL 33990
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01/20/05-80042-017 50.00

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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: *Marc O. Abrams* *Marc O. Abrams* *1/12/05* *239-574-1446*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone