


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90011 036 ***150.00

DOCUMENT # P02000113581

1. Entity Name
CAPE MANAGEMENT, INC.



Principal Place of Business
 1000 SHOREWOOD DRIVE
 SUITE 200
 CAPE CANAVERAL, FL 32920

Mailing Address
 710 NORTH PLANKINTON AVENUE
 SUITE 1200
 WILWAUKEE, WI 53203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

40045000



02012006 Chg-P CR2E034 (11/05)

4. FEI Number
48-1285259

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State FL Zip Code

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.

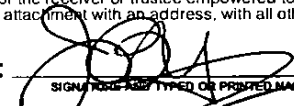
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZILBER, JOSEPH J 710 N. PLANKINTON AVENUE, SUITE 1200 MILWAUKEE, WI 53203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEE ATTACHED LIST FOR ADDITIONAL OFFICERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORRIS, JAMES D 710 N. PLANKINTON AVENUE, SUITE 1100 MILWAUKEE, WI 53203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDREWS, SANDY 1000 SHOREWOOD DRIVE, # 200 CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRANDLICH, JOHN R 710 N. PLANKINTON AVENUE, SUITE 1100 MILWAUKEE, WI 53203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JANZ, JAMES F 710 N. PLANKINTON AVENUE, SUITE 1200 MILWAUKEE, WI 53203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S YOUNG, JAMES B 710 N. PLANKINTON AVENUE, SUITE 1200 MILWAUKEE, WI 53203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **James B. Young, Vice President** 02/08/06 414-274-2421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40045035

CAPE MANAGEMENT, INC.
DOCUMENT # P02000113581

Additional Officers:

V

BRAUN, ROBERT E.
710 N. PLANKINTON AVE., SUITE #1000
MILWAUKEE, WI 53203

V/AS

JARMUSZ, ANDREW P.
1000 SHOREWOOD DRIVE, #200
CAPE CANAVERAL, FL 32920

V

STEIN, GERALD M.
710 N. PLANKINTON AVE., SUITE #1200
MILWAUKEE, WI 53203

V

WIGCHERS, ARTHUR W.
710 N. PLANKINTON AVE., SUITE #1200
MILWAUKEE, WI 53203

AS

DeLISLE, SANDRA J.
710 N. PLANKINTON AVE., SUITE #1200
MILWAUKEE, WI 53203

AS

MADIGAN, MARK S.
710 N. PLANKINTON AVE., SUITE #1200
MILWAUKEE, WI 53203