
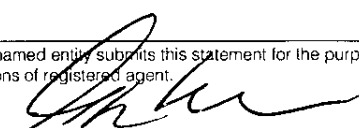
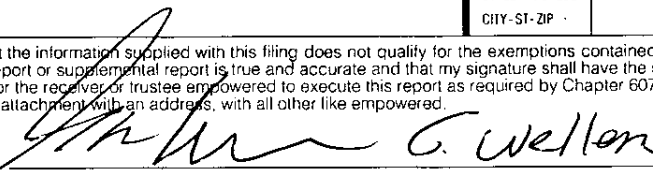


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90029 013 ***150.00

DOCUMENT # P05000078811 1. Entity Name SOUTHCAP CASHMERE PROPERTIES, INC.			
Principal Place of Business 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418 US		Mailing Address 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418 US	
2. Principal Place of Business - No P.O. Box # 12557 EQUINE LN Suite, Apt. #, etc.		3. Mailing Address 12557 EQUINE LN Suite, Apt. #, etc.	
City & State Wellington, FL Zip 33414 Country		City & State Wellington, FL Zip 33414 Country	
4. FEI Number 20-2995962		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLER, GLENN R 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name: Weller Glenn R Street Address (P.O. Box Number is Not Acceptable): 12557 EQUINE LN City: Wellington FL Zip Code: 33414	
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: 2/5/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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	P, D WELLER, GLENN R 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12557 EQUINE LN Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D WELLER, DAVID L 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4553 SW LONG BAY DR. PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELLER, DAVID L 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4553 SW LONG BAY DR PALM CITY, FL 34990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		Date: 2/5/08 Daytime Phone #	