

2001 UNIFORM BUSINESS REPORT (UBR)

0032411 SP

DOCUMENT # L00000012775
1. Entity Name
 CAPE SHADE, LLC

FILED

01 JAN 29 AM 11:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 319 INDIAN TRACE #429 319 INDIAN TRACE #429
 WESTON FL 33326 WESTON FL 33326



2. Principal Place of Business **3. Mailing Address**
 1360 NW 65TH AVENUE 1360 NW 65TH AVENUE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 UNIT P UNIT P
 City & State City & State
 PLANTATION, FL PLANTATION FL
 Zip Zip Country Country
 33313 33313 USA USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 SANDERS, JOEL
 1625 N. COMMERCE PARKWAY, SUITE 225
 WESTON FL 33326

4. FEI Number 65-1049315 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name SANDERS, JOEL
 Street Address (P.O. Box Number is Not Acceptable)
 1535 N. PARK DR.
 SUITE 103
 City WESTON FL Zip Code 33326

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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MANAGING MEMBER	HENRY PHILLIP KAPLAN	1360 NW 65 TH AVE UNIT P	PLANTATION FL 33313	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MANAGING MEMBER	SALVATORE ALHADEFF	844 HERITAGE DRIVE	WESTON FL 33326	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MEMBER	OSMAN SHABOODIEN	246 BUITENCHRAC# STR.	CAPE TOWN SOUTH AFRICA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** Date _____ Daytime Phone # (954) 321-2424

CRE083 (11/00)