

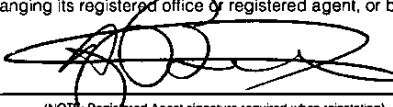
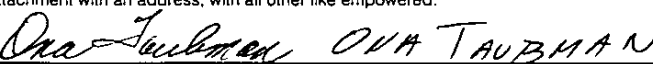
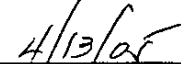


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90104 013 \*\*\*\*61.25

<b>DOCUMENT # 742380</b> 1. Entity Name <b>CAPRI J ASSOCIATION, INC.</b>					
Principal Place of Business <b>PRIME MANAGEMENT GROUP, INC.</b> <b>6300 PARK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487</b>			Mailing Address <b>PRIME MANAGEMENT GROUP, INC.</b> <b>6300 PARK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1858770</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SWATT, MYRON</b> <b>6300 PARK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487</b>			Name <b>CAPRI J ASSOCIATION, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>ARNIE BERNSTEIN</b> <b>6300 PARK OF COMMERCE BOULEVARD</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33487</b>		
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 <b>ARNIE BERNSTEIN</b>  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOFFMAN, MEYER</b>		NAME		
STREET ADDRESS	<b>447 CAPRI J</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SOLOMAN, MARTIN</b>		NAME		
STREET ADDRESS	<b>472 CAPRI J</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NELDNER, FRED</b>		NAME		
STREET ADDRESS	<b>478 CAPRI J</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TAUBMAN, OMA</b>		NAME	<b>VP TAUBMAN, OMA</b>	
STREET ADDRESS	<b>454 CAPRI J</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ELLISON, PHILIP</b>		NAME		
STREET ADDRESS	<b>479 CAPRI J</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LECCESE, PAT</b>		NAME	<b>SD TAUBMAN, OMA</b>	
STREET ADDRESS	<b>456 CAPRI J</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>		CITY-ST-ZIP		
12. 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 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 617, 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: <b>OMA TAUBMAN</b>  <b>OMA TAUBMAN</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date <b>4/13/05</b> Daytime Phone #	