## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L01000016299 1. Entity Name CAPRIO HOLDINGS, L.L.C. Principal Place of Business 2845 NE 9TH ST # TS 1201 # TS 1201 FORT LAUDERDALE, FL 33304 US DO NOT WRITE IN THIS SPACE

## FILED Jan 25, 2007-08:00 AN Secretary of State



01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
65-1146581		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional	

5. Name and Address of Current Registered Agent

MURRAY, DAVID G ESQ. 1401 E. BROWARD BLVD., #200 FT. LAUDERDALE, FL 33301

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

1-19-0

Date

Daytime Phone #

8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and tide if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE DATE
Fi D	lling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZP	MGRM III T, LTD. 1 FINANCIAL PLAZA #2001 FORT LAUDERDALE, FL 33394		U00000603370 01/29/07-80010-023 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/29/07-80010-023 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CHY-ST-ZIP			
TITLE NAME STREET AGGRESS CITY-ST-2IP			
11. I hereby of indicated	certify that the information supplied with this filling does not on this report is true and accurate and that my signature shall be compared to the receiver or more appropriate the receiver of the receiver or more appropriate the receiver of the receiver or more appropriate the receiver of the receiver or more appropriate the receiver of the receiver or more appropriate the receiver or more appropriate the receiver of the rec	qualify for the exemptions contained in Chapter 1 nall have the same legal effect as if made under	19, Florida Statutes. I further certify that the information oath, that I am a managing member or manager of the

ICHAPL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE