


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90019 001 ****50.00

DOCUMENT # L01000020908 1. Entity Name CAPRI LLC					
Principal Place of Business 7220 N.W. 36TH STREET, SUITE 515 MIAMI, FL 33166			Mailing Address 901 PONCE DE LEON BLVD. SUITE 606 MIAMI, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc. 9737 NW 41st ST # 118 City & State Doral FL Zip 33178 Country USA			3. Mailing Address Suite, Apt. #, etc. 9737 NW 41st ST. #118 City & State Doral FL Zip 33178 Country USA		
4. FEI Number 06-1636627			Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			CR2E083 (10/03)		
6. Name and Address of Current Registered Agent LARICCHIA, MARIO 7220 N.W. 36TH STREET, SUITE 515 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9737 NW 41st ST # 118 City Doral FL Zip Code 33178		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARICCHIA, MARIO 7220 N.W. 36 STREET - SUITE 515 MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9737 NW 41st ST #118 Doral, FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 # _____					

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