2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000012675

1. Entity Name

CAPRI ISLES, LLC

Principal Place of Business	Mailing Address
601 BAYSHORE BLVD., SUITE 650 TAMPA, FL 33606	601 BAYSHORE BLVD., SUITE 650 TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

04142005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
02-0616390		Not Applicable
5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FUNK, CHARLES B
601 BAYSHORE BLVD STE 650
TAMPA, FL 33606

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	FUNK, CHARLES B	
STREET ADDRESS	601 BAYSHORE BLVD STE. 650	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	MGR	
NAME	MEEHAN, JEFFREY	
STREET ADDRESS	601 BAYSHORE BLVD STE. 650	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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05/04/05-80137-008 50.00

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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, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #