

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000014493

1. Entity Name
CAPRI ISLES ASSOCIATES, LLC



Principal Place of Business

**1304 DESOTO AVE.
SUITE 200
TAMPA, FL 33606**

Mailing Address

**1304 DESOTO AVE.
SUITE 200
TAMPA, FL 33606**



03042004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
61-1416323

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRANT, JAMES E
1304 DESOTO AVE.
SUITE 200
TAMPA, FL 33606**

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, 2004**

000000073219
03/08/04-80057-009 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BRANT, JAMES
1704 S. DESOTO AVE. #200
TAMPA, FL 33606**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(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 #

3/3/04 8132584483