2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State
02-09-2005 90154 020 ****50.00

DOCUMENT # L02000014493

1. Entity Name
CAPRI ISLES ASSOCIATES, LLC

Principal Place of Business	Mailing Address
1304 DESOTO AVE. SUITE 200 TAMPA, FL 33606	1304 DESOTO AVE. SUITE 200 TAMPA, FL 33606

01252005 No Chg - LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

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

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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: _____ 1/24/05 8132584483
(SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #