

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022000

Entity Name: CAPRI RESORTS, LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

515 E LAS OLAS BLVD
SUITE 1050
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

1221 BRICKELL AVENUE
SUITE 660
MIAMI, FL 33131

Current Mailing Address:

515 E LAS OLAS BLVD
SUITE 1050
FORT LAUDERDALE, FL 33301

New Mailing Address:

1221 BRICKELL AVENUE
SUITE 660
MIAMI, FL 33131

FEI Number: 13-4224588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HCRM CORP.
2200 NW CORPORATE BOULEVARD
SUITE 401
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAPRI RESORTS MANAGER, INC
Address: 515 E LAS OLAS BLVD, SUITE 1050
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAPRI RESORTS MANAGER, INC
Address: 1221 BRICKELL AVENUE, SUITE 660
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DALE REED

ASTS

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date