

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000022000

FILED
Oct 01, 2009
Secretary of State**Entity Name:** CAPRI RESORTS, LLC**Current Principal Place of Business:**1221 BRICKELL AVENUE
SUITE 660
MIAMI, FL 33131**New Principal Place of Business:****Current Mailing Address:**1221 BRICKELL AVENUE
SUITE 660
MIAMI, FL 33131**New Mailing Address:****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:**CORPDIRECT AGENTS INC
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

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: ASSISTANT SECRETARY

10/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: CAPRI RESORTS MANAGER, INC
Address: 1221 BRICKELL AVENUE, SUITE 660
City-St-Zip: MIAMI, FL 33131**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: CAPRI RESORTS MANAGER, INC

MGR

10/01/2009

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