


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90120 047 ****50.00

DOCUMENT # L03000005014

1. Entity Name
CAPRITAUR, LLC



64002304

Principal Place of Business
5125 FOXHALL DRIVE NORTH
WEST PALM BEACH, FL 33417

Mailing Address
5125 FOXHALL DRIVE NORTH
WEST PALM BEACH, FL 33417



2. Principal Place of Business
2995 BURGOYNE LANE
 Suite, Apt. #, etc. - -

3. Mailing Address
2995 BURGOYNE LANE
 Suite, Apt. #, etc.

04212004 Chg-LLC CR2E083 (10/03)

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33409 Country
USA

Zip
33409 Country
USA

4. FEI Number
27-0046758

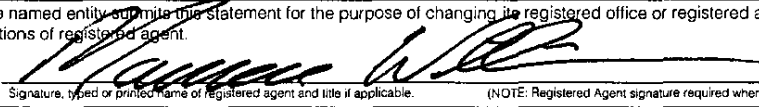
Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAMS, MARETHIA A
5125 FOXHALL DRIVE NORTH
WEST PALM BEACH, FL 33417

7. Name and Address of New Registered Agent
 Name
WILLIAMS, MAURECE J
 Street Address (P.O. Box Number is Not Acceptable)
2995 BURGOYNE LANE
 City
WEST PALM BEACH **FL** Zip Code
33409

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: **April 29, 04**

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

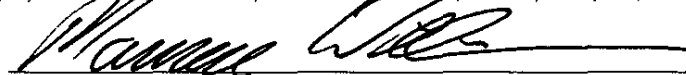
Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, MARETHIA A 5125 FOXHALL DRIVE NORTH WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, MAURECE J 5125 FOXHALL DRIVE NORTH WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, MAURECE J 2995 BURGOYNE LANE WEST PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **April 27, 04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #