

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005014

FILED
May 06, 2008
Secretary of State

Entity Name: CAPRITOUR, LLC

Current Principal Place of Business:

5125 FOXHALL DRIVE NORTH
WEST PALM BEACH, FL 334178144 US

New Principal Place of Business:

Current Mailing Address:

5125 FOXHALL DRIVE NORTH
WEST PALM BEACH, FL 33178144 US

New Mailing Address:

5125 FOXHALL DRIVE NORTH
WEST PALM BEACH, FL 334178144 US

FEI Number: 27-0046758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, MARETHIA A
5125 FOXHALL DRIVE NORTH
WEST PALM BEACH, FL 334178144 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: WILLIAMS, MARETHIA A MGR
Address: 5125 FOXHALL DRIVE NORTH
City-St-Zip: WEST PALM BEACH, FL 334178144 US

Title: MGRM () Delete
Name: WILLIAMS, MONICA Y MGRM
Address: 5125 FOXHALL DRIVE NORTH
City-St-Zip: WEST PALM BEACH, FL 334178144 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARETHIA A. WILLIAMS

MGR

05/06/2008

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