

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000016027**

1. Entity Name  
**CAPRICCIO PLAZA, LLC**



Principal Place of Business  
**1110 BRICKELL AVENUE, PENTHOUSE ONE  
MIAMI, FL 33131**

Mailing Address  
**1110 BRICKELL AVENUE, PENTHOUSE ONE  
MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**56-2355807**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SILVER, SCOTT A  
1110 BRICKELL AVENUE, PENTHOUSE ONE  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SILVER, SCOTT A
STREET ADDRESS	1110 BRICKELL AVENUE, PENTHOUSE ONE
CITY- ST- ZIP	MIAMI, FL 33131

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02/08/05-80037-013 50.00

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Scott A. Silver**

**01/24/05**

**(305) 377-8802**

Date

Daytime Phone #