


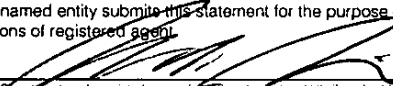
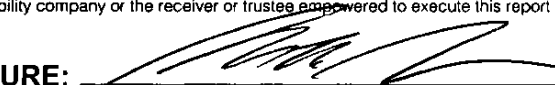
2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 13 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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	
2. Principal Place of Business - No P.O. Box # 18001 Old Cutler Rd Suite 600		3. Mailing Address 18001 Old Cutler Rd Suite 600	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palmetto Bay, FL		City & State Palmetto Bay, FL	
Zip 33157	Country US	Zip 33157	Country US
4. FEI Number 56-2355807		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVER, SCOTT A 1110 BRICKELL AVENUE, PENTHOUSE ONE MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Scott A. Silver Street Address (P.O. Box Number is Not Acceptable) 18001 Old Cutler Rd Suite 600 City Palmetto Bay FL Zip Code 33157	
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 4-5-07	
(NOTE: Registered Agent signature required when reinstating)		SSR	
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVER, SCOTT A 1110 BRICKELL AVENUE, PENTHOUSE ONE MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Scott A. Silver 18001 Old Cutler Rd Suite 600 Palmetto Bay, FL 33157 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900097310289 04/18/07--01014--010 **200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4-5-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	