

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000018319

**FILED**  
**Jun 14, 2007**  
**Secretary of State**

**Entity Name:** CAPRI PLAZA SUITES HOTEL MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

3010 COLLINS AVENUE  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

2435 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109

**Current Mailing Address:**

3010 COLLINS AVENUE  
MIAMI BEACH, FL 33140

**New Mailing Address:**

2435 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109

**FEI Number:** 47-0922737      **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:**

BELOFF, JON ESQ.  
1111 LINCOLN RD  
MIAMI BEACH, FL 331392452 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: MGRM ( ) Delete  
Name: AZRIA, VICTOR  
Address: 3010 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AZRIA, VICTOR  
Address: 2435 FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109

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: AZRIA VICTOR

MGRM

06/14/2007

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