

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081905

FILED
Apr 27, 2005
Secretary of State

Entity Name: 416 CAPRI, L.L.C.

Current Principal Place of Business:

6435 DANIELS ROAD
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

6435 DANIELS ROAD
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 20-1902910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSBAUGH, CONNIE
6435 DANIELS ROAD
NAPLES, FL 34109 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/MEMBERS:

Title: MGRM () Delete
Name: MOSBAUGH, CONNIE
Address: 6435 DANIELS ROAD
City-St-Zip: NAPLES, FL 34109 US

Title: MEM () Delete
Name: MOSBAUGH, MARK
Address: 6435 DANIELS ROAD
City-St-Zip: NAPLES, FL 34109 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: MOSBAUGH, MARK
Address: 6435 DANIELS ROAD
City-St-Zip: NAPLES, FL 34109 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CONNIE MOSBAUGH

MGRM

04/27/2005

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