

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082829

FILED
Jul 11, 2007
Secretary of State

Entity Name: CAPRI PROPERTIES LLC

Current Principal Place of Business:

1 SPRINGWOOD PATH
SYOSSET, NY 11791

New Principal Place of Business:

Current Mailing Address:

38 CAPRI DRIVE
ROSLYN, NY 11576

New Mailing Address:

FEI Number: 41-2158050 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:

Name and Address of New Registered Agent:

CORPORATE SERVICE BUREAU INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

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: KRAUSS, RICHARD
Address: 38 CAPRI DRIVE
City-St-Zip: ROSLYN, NY 11576

Title: MGRM () Delete
Name: YOSSEFY, YORAM
Address: 77 HAMILTON DRIVE
City-St-Zip: ROSLYN, NY 11576

Title: MGRM () Delete
Name: MEROLA, CRAIG
Address: 1 SPRINGWOOD PATH
City-St-Zip: SYOSSET, NY 11791

ADDITIONS/CHANGES:

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

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: CRAIG MEROLA

MP

07/11/2007

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