

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003368

Entity Name: CAPRI WATERSIDE, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

5150 TAMIAMI TR. NO.
505
NAPLES, FL 34103

Current Mailing Address:

5150 TAMIAMI TR. NO.
505
NAPLES, FL 34103

New Principal Place of Business:

5150 TAMIAMI TRAIL NORTH
505
NAPLES, FL 34103

New Mailing Address:

5150 TAMIAMI TRAIL NORTH
505
NAPLES, FL 34103

FEI Number: 20-2214455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULCE, JERRY T
5150 TAMIAMI TR. NO.
505
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

HULCE, JERRY T
5150 TAMIAMI TRAIL NORTH
505
NAPLES, FL 34103 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:

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HULCE BONITA, LLC.,
Address: 5150 TAMIAMI TR. NO. #505
City-St-Zip: NAPLES, FL 34103

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HULCE BONITA, LLC.,
Address: 5150 TAMIAMI TRAIL NORTH, SUITE #505
City-St-Zip: NAPLES, FL 34103

Title: MGRM () Change (X) Addition
Name: KLONOWSKI, MARK A
Address: 537 11TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

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: JERRY T. HULCE

RA

04/30/2007

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