

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008178

FILED
Apr 17, 2009
Secretary of State

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

Current Principal Place of Business:

1395 S. TAYLORVILLE ROAD
DECATUR, IL 62521

New Principal Place of Business:

Current Mailing Address:

1395 S. TAYLORVILLE ROAD
DECATUR, IL 62521

New Mailing Address:

FEI Number: 20-2230737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TINA VISSERING
1734 BOB-O-LINK DR.
DECATUR IL, FL 62521 US

Name and Address of New Registered Agent:

TINA ROGERS
.703 PANAY AVE
NAPLES, FL 34113 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: TINA ROGERS

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROGERS, LARRY
Address: 1734 BOB-O-LINK DR
City-St-Zip: DECATUR, IL 62521

Title: MGRM () Delete
Name: FLAUGHER, PHILLIP R
Address: 4468 MOUNT VERNON PLACE
City-St-Zip: DECATUR, IL 62521

Title: MGRM () Delete
Name: CASTER, GEORGE E
Address: 7640 BAY SHORE DRIVE
City-St-Zip: INDIANAPOLIS, IN 46240

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: LARRY ROGERS

PRES

04/17/2009

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