2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2007
Secretary of State

DOCUMENT# L05000061545

Entity Name: CAPRICORN PROPERTIES, LLC

Current Principal Place of Business:

2735 SANTA BARBARA BLVD., SUIE 201
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

2735 SANTA BARBARA BLVD., SUIE 201
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

WRIGHT, CHRISTINE F ESQ
4427 SE 16TH PLACE, #2
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

WRIGHT, CHRISTINE F ESQ
2735 SANTA BARBARA BLVD., SUITE 201
CAPE CORAL, FL 33914 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: CHRISTINE F. WRIGHT 09/10/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SHRODI, LAWRENCE R
Address: 601 PERIWINKLE WAY
City-St-Zip: SANIBEL, FL 33957

Title: MGRM ( ) Delete
Name: SHRODI, THERESA M
Address: 601 PERIWINKLE WAY
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES:

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: LAWRENCE R SHRODI MGR 09/10/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date