

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State

05-13-2008 90066 026 ***138.75

DOCUMENT # L05000097621 1. Entity Name CAPRI RESORT INVESTORS, L.L.C.					
Principal Place of Business 6782 SARA SEA CIRCLE SARASOTA, FL 34242			Mailing Address 5652 MARQUESAS CIR SARASOTA, FL 34233 <i>6583 MIDNIGHT PASS RD 34242</i>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04252008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-3589018				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				30008815	
6. Name and Address of Current Registered Agent KIRTLEY, WILLIAM T 1776 RINGLING BLVD SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2042 Box Ringling Rd</i> City FL Zip Code 34239	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when retreating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKERNELL, WARREN D JR 6583 MIDNIGHT PASS RD. SARASOTA, FL 34242	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Warren Hickernell</i> 6-3-08 941-319-3131 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					