


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L06000015490 1. Entity Name CAPRI TITLE OF FLORIDA, LLC |  |
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|--|--|
| Principal Place of Business 801 LAUREL OAK DRIVE, SUITE 705 NAPLES, FL 34108 | Mailing Address 801 LAUREL OAK DRIVE, SUITE 705 NAPLES, FL 34108 |
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05302008 No Chg-LLC CR2E083 (12/07)

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| 4. FEI Number 20-4310134 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

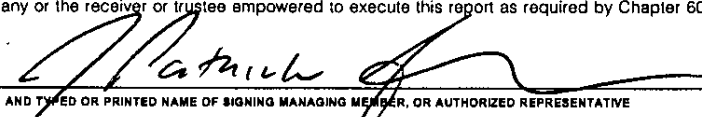
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

050000952984
05/11/08-80002-014 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM MILLER, CANFIELD, PADDOCK & STONE, P.L.C. 150 WEST JEFFERSON, SUITE 2500 DETROIT, MI 48226 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR LINN, THOMAS W 150 WEST JEFFERSON, SUITE 2500 DETROIT, MI 48226 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR POST, ROBERT A 150 WEST JEFFERSON, SUITE 2500 DETROIT, MI 48226 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
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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:  6/4/08 239-596-1975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #