2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# L06000041820

Entity Name: CAPRI PROPERTY MANAGEMENT L.L.C.

Current Principal Place of Business:

4845 DEER LODGE ROAD
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

1911 PLAYMOOR DRIVE
PALM HARBOR, FL 34683

Current Mailing Address:

4845 DEER LODGE ROAD
NEW PORT RICHEY, FL 34655

New Mailing Address:

1911 PLAYMOOR DRIVE
PALM HARBOR, FL 34683

FEI Number: 20-4846309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DECAMELLA, DAVID
4845 DEER LODGE ROAD
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DECAMELLA, DAVID
Address: 4845 DEER LODGE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM ( ) Delete
Name: DECAMELLA, GENA
Address: 4845 DEER LODGE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DECAMELLA, GENA
Address: 4845 DEER LODGE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM (X) Change ( ) Addition
Name: DECAMELLA, DAVID
Address: 4845 DEER LODGE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

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: DAVID DECAMELLA MGR 01/11/2008

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