

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/ **FILED**
Aug 28, 2008 8:00 am
Secretary of State

08-12-2008 90005 005 ****25.00
08-28-2008 90039 006 ***113.75

DOCUMENT # L07000066052					
1. Entity Name CAPRICORN ENTERPRISES LLC					
Principal Place of Business 27 CHEROKEE AVE. PALM COAST, FL 32137			Mailing Address 27 CHEROKEE AVENUE PALM COAST, FL 32137		
2. Principal Place of Business - No P.O. Box # 9600 Oceanshore Blvd		3. Mailing Address 27 Cherokee Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St Augustine, FL		City & State Palm Coast, FL		4. FEI Number 26-0408-797	
Zip 32080		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARMO, SHERYL A MS 27 CHEROKEE AVENUE PALM COAST, FL 32137			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code		
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 _____ (NOTE: Registered Agent signature required when renewing)					
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.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME MARMO, SHERYL A STREET ADDRESS 27 CHEROKEE AVENUE CITY-ST-ZIP PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME SCHMIDT, ROBERT L STREET ADDRESS 2216 SOUTH ROCKWOOD CITY-ST-ZIP GJOKANE, WA 99203	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 8/26/08 Daytime Phone: 386-		

446-1777

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509-5798