

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 13, 2008 8:00 am
Secretary of State

02-07-2008 90090 040 ***143.75

DOCUMENT # L07000098785	
1. Entity Name 800 CAPRI, LLC	

Principal Place of Business 10901 SW 113 PLACE UNIT C MIAMI FL 33176	Mailing Address 10901 SW 113 PLACE UNIT C MIAMI FL 33176
--	--

2. Principal Place of Business - No P.O. Box # 1320 S. DIXIE HIGHWAY	3. Mailing Address 1320 S. DIXIE HIGHWAY
Suite, Apt. #, etc. SUITE 241	Suite, Apt. #, etc. SUITE 241

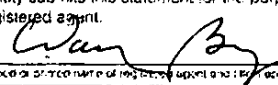
City & State CORAL GABLES, FL.	City & State CORAL GABLES, FL.
Zip 33146	Country USA

4. FEI Number 26-2134547	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent THERREL BAISDEN PA SUNTRUST INTERNATIONAL CENTER ONE SE 3RD AVE STE 2950 MIAMI FL 33131

7. Name and Address of New Registered Agent	
Name WARREN BRYER	
Street Address (P.O. Box Number is Not Acceptable) 1320 S. DIXIE HIGHWAY	
SUITE 241	
City CORAL GABLES	FL Zip Code 33146

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.

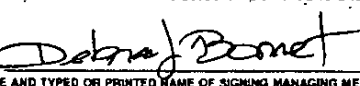
SIGNATURE  DATE **01/24/2008**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. BONNET, DEBRA J. 10901 S.W. 113 PLACE-UNIT C MIAMI, FL. 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 Section 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:  DATE **01/31/2008 305-665-2222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
DEBRA J. BONNET