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	Mailing Address
10901 SW 113 PLACE UNIT C MIAMI FL 33176	10901 SW 113 PLACE UNIT C MIAMI FL 33176

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1320 S. DIXIE HIGHWAY		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	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 [signature] 01/24/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGR. BONNET, DEBRA J. 10901 S.W. 113 PLACE-UNIT C MIAMI, FL. 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: [signature] 01/31/2008 305-665-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #
DEBRA J. BONNET