

**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 041 \*\*\*143.75

|                                         |                                                                                   |
|-----------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L07000099025</b>          |  |
| 1. Entity Name<br><b>801 CAPRI, LLC</b> |                                                                                   |

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br><b>10901 SW 113 PLACE<br/>UNIT C<br/>MIAMI FL 33176</b> | Mailing Address<br><b>10901 SW 113 PLACE<br/>UNIT C<br/>MIAMI FL 33176</b> |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

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

|                                          |                                          |
|------------------------------------------|------------------------------------------|
| City & State<br><b>CORAL GABLES, FL.</b> | City & State<br><b>CORAL GABLES, FL.</b> |
|------------------------------------------|------------------------------------------|

|                     |                       |                     |                       |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip<br><b>33146</b> | Country<br><b>USA</b> | Zip<br><b>33146</b> | Country<br><b>USA</b> |
|---------------------|-----------------------|---------------------|-----------------------|

|                                                 |
|-------------------------------------------------|
| 6. Name and Address of Current Registered Agent |
|-------------------------------------------------|

|                                                                                                           |
|-----------------------------------------------------------------------------------------------------------|
| <b>DANIELS, NICHOLAS M ESQ<br/>THERREL BAIADEN, P.A.<br/>ONE SE 3RD AVE - STE 2950<br/>MIAMI FL 33131</b> |
|-----------------------------------------------------------------------------------------------------------|

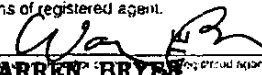
|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>26-2136647</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                                                    |                         |
|------------------------------------------------------------------------------------|-------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> | Additional Fee Required |
|------------------------------------------------------------------------------------|-------------------------|

|                                             |
|---------------------------------------------|
| 7. Name and Address of New Registered Agent |
|---------------------------------------------|

|                                                                                    |
|------------------------------------------------------------------------------------|
| Name<br><b>WARREN BRYER</b>                                                        |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1320 S. DIXIE HIGHWAY</b> |
| <b>SUITE 241</b>                                                                   |
| City<br><b>CORAL GABLES</b>                                                        |
| State<br><b>FL</b>                                                                 |
| Zip Code<br><b>33146</b>                                                           |

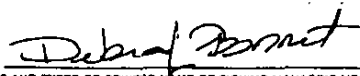
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|                                                                                                                        |                         |
|------------------------------------------------------------------------------------------------------------------------|-------------------------|
| SIGNATURE<br><br><b>WARREN BRYER</b> | DATE<br><b>01/30/08</b> |
|------------------------------------------------------------------------------------------------------------------------|-------------------------|

|                                                          |
|----------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$138.75</b>                       |
| <b>After May 1, 2008, Fee Will Be \$538.75</b>           |
| <b>Make Check Payable to Florida Department of State</b> |

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                      | 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR.<br/>BONNET, DEBRA J.<br/>10901 S.W. 113 PLACE UNIT C<br/>MIAMI, FL 33176</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <br><b>DEBRA J. BONNET</b> | DATE<br><b>01/30/08</b> | PHONE<br><b>305-665-2222</b> |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------|