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

DOCUMENT # L07000099025

1. Entity Name
801 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

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

1st MOORE CR2E083 (10/07)

4. FEI Number: 26-2136647 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ
THERREL BAIADEN, P.A.
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] WARREN BRYER DATE: 01/30/08

(NOTE: Registered Agent signature required when reinstating)

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
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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] DEBRA J. BONNET 01/30/08 305-665-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #