

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000011795

Entity Name: CAPRI INN AT SIESTA, LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6782 SARASEA CIR  
SARASOTA, FL 34242 US

**New Principal Place of Business:**

**Current Mailing Address:**

1739 SHELBURNE LANE  
SARASOTA, FL 34231 US

**New Mailing Address:**

FEI Number: 27-1810271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, DON L  
1739 SHELBURNE LANE  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JONES, DON L  
Address: 1739 SHELBURNE LANE  
City-St-Zip: SARASOTA, FL 34231 US

Title: MGRM  
Name: JONES, ELENA M  
Address: 1739 SHELBURNE LANE  
City-St-Zip: SARASOTA, FL 34231 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DON L JONES

MGRM

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date