

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000366

FILED
Feb 12, 2008
Secretary of State

Entity Name: CAPRI CENTER, L.C.

Current Principal Place of Business:

793 WILLOW BROOK DR., NO. 108
108
NAPLES, FL 341088538

New Principal Place of Business:

Current Mailing Address:

793 WILLOW BROOK DR., NO. 108
108
NAPLES, FL 341088538

New Mailing Address:

PO BOX 10500
WASHINGTON, DC 20020 US

FEI Number: 65-0585778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PALUSKA, MARY ANN
793 WILLOW BROOK DR. #108
108
NAPLES, FL 341088538 US

Name and Address of New Registered Agent:

LAIOS, EDWARD T MR.
793 WILLOW BROOK DR. #108
108
NAPLES, FL 341088538 US

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: EDWARD T. LAIOS

02/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALUSKA, CHARLES G
Address: 793 WILLOW BROOK DR., NO. 108
City-St-Zip: NAPLES, FL 341088538

Title: MGRM () Delete
Name: LAIOS, EDWARD T
Address: C/O 793 WILLOW BROOK DR., NO. 108
City-St-Zip: NAPLES, FL 341088538

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LAIOS, EDWARD T
Address: PO BOX 10500
City-St-Zip: WASHINGTON, DC 20020 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHARLES G. PALUSKA

MGM

02/12/2008

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