

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L95000000366

**FILED**  
**Feb 15, 2010**  
**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:**

PO BOX 10500  
WASHINGTON, DC 20020 US

**New Mailing Address:**

**FEI Number:** 65-0585778      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KARICKHOFF, LEWIS T RA  
24303 HENRY MORGAN BOULEVARD  
PUNTA GORDA, FL 33955 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: PALUSKA, CHARLES G  
Address: 793 WILLOW BROOK DR., NO. 108  
City-St-Zip: NAPLES, FL 341088538

Title: MGRM  
Name: LAIOS, EDWARD T  
Address: PO BOX 10500  
City-St-Zip: WASHINGTON, DC 20020 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: EDWARD T. LAIOS

MGRM

02/15/2010

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