2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0015436 AF

DOCUMENT # M98000001434

1. Entity Name
CAPRI CAPITAL DUS, LLC

Principal Place of Business	Mailing Address
10 SOUTH LASALLE STREET. SUITE 3712 CHICAGO IL 60603	10 SOUTH LASALLE STREET. SUITE 3712 CHICAGO IL 60603-1002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
875 N. Michigan Ave.	875 N. Michigan Ave.
Suite, Apt. #, etc. 3430	Suite, Apt. #, etc. 3430
City & State Chicago, IL	City & State Chicago, IL
Zip / Country 60611 / USA	Zip / Country 60611 / USA

4. FEI Number 54-1923877 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PRIMO, QUINTIN E III 10 SOUTH LASALLE STREET, SUITE 3712 CHICAGO IL 60603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 875 N. Michigan Ave, Suite 3430 Chicago, IL 60611
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CARTER, DARYL J 10 SOUTH LASALLE STREET, SUITE 3712 CHICAGO IL 60603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 875 N. Michigan Ave, Suite 3430 Chicago, IL 60611
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FARGO, BRIAN 10 SOUTH LASALLE STREET, SUITE 3712 CHICAGO IL 60603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 875 N. Michigan Ave., Suite 3430 Chicago, IL 60611
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MOORE, ROBERT L JR. 10 SOUTH LASALLE STREET, SUITE 3712 CHICAGO IL 60603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 875 N. Michigan Ave., Suite 3430 Chicago, IL 60611
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100003224291--9 -04/26/00--01019--011 *****55.00 *****55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED ROBERT MOORE 2/29/00 (703) 243-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #