

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAY -9 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001434

1. Entity Name

CAPRI CAPITAL BUS, LLC

Principal Place of Business	Mailing Address
1655 N. FORT MYER DR (13TH FLOOR) ARLINGTON, VA 22209	1655 N. FORT MYER DR (13TH FLOOR) ARLINGTON, VA 22209

2. Principal Place of Business	3. Mailing Address
1655 N. FORT MYER DRIVE Suite, Apt. #, etc. (13TH FLOOR)	1655 N. FORT MYER DR Suite, Apt. #, etc. (13TH FLOOR)

City & State	City & State
ARLINGTON, VA	ARLINGTON, VA
Zip	Zip
22209	22209
Country	Country
USA	USA

4. FEI Number	Applied For
54-1923877	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required
<input checked="" type="checkbox"/>	

DO NOT WRITE IN THIS SPACE

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

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

MANAGING MEMBERS / MEMBERS	10.	ADDITIONS / CHANGES
<p>MGR <input type="checkbox"/> Delete QUINTIN E PRIMO 875 N. MICHIGAN AVE, SUITE 3430 CHICAGO, IL 60611</p> <p>MGR <input type="checkbox"/> Delete DARYL CARTER 875 N. MICHIGAN AVE, SUITE 3430 CHICAGO, IL 60611</p> <p>MGR <input type="checkbox"/> Delete BRIAN FARGO 875 N. MICHIGAN AVENUE, SUITE 3430 CHICAGO, IL 60611</p> <p>MGR <input type="checkbox"/> Delete ROBERT MOORE JR 1655 N. FORT MYER DR (13TH FLOOR) ARLINGTON, VA 22209</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition 800003287728--6 -06/14/00--01004--008 *****55.00 *****55.00</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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: <i>Mark Duggal</i>	MARK DUGGAL	05/02/00	703-243-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #

CR2E083 (11/99)