

PLEASE READ AND FOLLOW INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M98000001434**

**1. Limited Liability Company's Name**

Capri Capital Finance, LLC  
1655 N. Fort Myer Drive, 13th Fl., Arlington, VA 22209-3108

**2. Principal Office Address**

1655 N. Fort Myer Drive

Suite, Apt. #, etc.

13th Floor

City & State

Arlington, VA

Zip

22209-3108

Country

USA

**3. Mailing Office Address**

1655 N. Fort Myer Driver

Suite, Apt. #, etc.

13th Floor

City & State

Arlington, VA

Zip

22209-3108

Country

USA

**4. State/Country of Formation**

DE

**5. Date Organized or Qualified  
To Do Business in Florida**

12/07/1998

**6. FEI Number**

54-1923877

Applied For

Not Applicable

**7.**

CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

LEXIS DOCUMENT SERVICES, INC.

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

*Ann R. Shelling*  
REGISTERED AGENT MUST SIGN

Date

11/21/03

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Primo, Quintin E. III	875 North Michigan Ave., Suite 3430	Chicago, IL 60611
MGR	Carter, Daryl	18301 Von Karman Ave., Suite 750	Irvine, CA 92612
MGR	Fargo, Brian	875 North Michigan Ave., Suite 3430	Chicago, IL 60611
MGR	Moore, Robert L. Jr.	1655 N. Ft. Myer Drive, 13th Floor	Arlington, VA 22209

**REINSTATEMENT 2003**

*ML*

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

Signature of  
Managing Member/Manager

*Brian Fargo*

Date

11/12/03

Daytime Phone #

312-573-5265

Typed or printed name of signing Managing Member/Manager

BRIAN FARGO

**FILED**  
03 NOV 24 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*OK*  
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12/04/99-01003-009 \*\*155.00

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