

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000150755

FILED
Oct 01, 2009
Secretary of State**Entity Name:** CAPRI RESORTS MANAGER, INC.**Current Principal Place of Business:**1221 BRICKELL AVE. SUITE 660
MIAMI, FL 33131**New Principal Place of Business:****Current Mailing Address:**1221 BRICKELL AVE. SUITE 660
MIAMI, FL 33131**New Mailing Address:****FEI Number:** 20-3866039**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HCRM CORP.
2200 NW CORPORATE BLVD., STE. 401
BOCA RATON, FL 33431 US**Name and Address of New Registered Agent:**CORPDIRECT AGENTS INC
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: ASSISTANT SECRETARY

10/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ASTS () Delete
Name: REED, DALE
Address: 515 E. LAS OLAS BLVD., SUITE 1050
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE REED

ASTS

10/01/2009

Electronic Signature of Signing Officer or Director

Date