

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -5 AM 10:40

<b>DOCUMENT # L04000066640</b> 1. Entity Name FLORIBBEAN PROPERTIES, LLC	
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Principal Place of Business 615 BAYSHORE DRIVE, APT. 700 FT. LAUDERDALE, FL 33304	Mailing Address 615 BAYSHORE DRIVE, APT. 700 FT. LAUDERDALE, FL 33304
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09112006	Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-1640537	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
MALONE, RICHARD C 615 BAYSHORE DRIVE, APT. 700 FT. LAUDERDALE, FL 33304	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 15, 2006</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALONE, RICHARD C 615 BAYSHORE DRIVE, APT. 700 FT. LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  100080964621 10/18/06--01051--013 **\$0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Richard C. Malone</u>	Date: <u>28 Sep 06</u>	Daytime Phone #: <u>954 6297324</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		



Law Offices CASORIA & GOFF, P.A.  
Cy Casoria & Charles A. Goff 954-564-4600

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Sam Caliendo: Of Counsel 954-418-8711

September 25, 2006

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

**Re: Floribbean Properties, LLC**

Dear Sir:

Enclosed herewith please find the following:

- 1) 2006 Limited Liability Company Annual Report.
- 2) Check in the amount of \$50.00 for filing fee.

We are asking that you waive any late charges in the filing fee as the sole Member of the LLC is currently in Canada and the form did not reach him prior to the deadline.

Thank you for your kind cooperation.

Very truly yours,

A handwritten signature in black ink, appearing to be 'Charles A. Goff', is written over a set of horizontal lines. The signature is fluid and cursive.

Charles A. Goff

CAG/ses  
Encls.