

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058705

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: CARIBBEAN CONSULTANTS LLC

**Current Principal Place of Business:**

126 E JEFFERSON ST  
ORLANDO, FL 328011830

**New Principal Place of Business:**

126 E JEFFERSON ST  
ORLANDO, FL 328011830 US

**Current Mailing Address:**

126 E JEFFERSON ST  
ORLANDO, FL 328011830

**New Mailing Address:**

126 E JEFFERSON ST  
ORLANDO, FL 328011830 US

FEI Number: 20-5035770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RHODES, SPENCER ESQ  
126 E JEFFERSON ST  
ORLANDO, FL 328011830 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RHODES, SPENCER  
Address: 126 E JEFFERSON ST  
City-St-Zip: ORLANDO, FL 32801

Title: MGRM ( ) Delete  
Name: VITAL, WILFRED  
Address: 851 KAZAROS CIR  
City-St-Zip: OCOEE, FL 34761

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RHODES, SPENCER  
Address: 126 E JEFFERSON ST  
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM (X) Change ( ) Addition  
Name: VITAL, WILFRID  
Address: 851 KAZAROS CIR  
City-St-Zip: OCOEE, FL 34761 US

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 is true and accurate and that my electronic 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: SPENCER RHODES

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date