

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038765

FILED
Apr 14, 2011
Secretary of State

Entity Name: CACO 07, LLC

Current Principal Place of Business:

128 MORNING SIDE DRIVE
CORAL GABLES, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

128 MORNING SIDE DRIVE
CORAL GABLES, FL 33139 US

New Mailing Address:

FEI Number: 74-3211599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIQUEZES, JULIO
128 MORNING SIDE DRIVE
CORAL GABLES, FL 33133 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: MGR
Name: RIQUEZES, JULIO J SR.
Address: 128 MORNING SIDE DRIVE
City-St-Zip: CORAL GABLES, FL 33133 US

Title: MGRM
Name: SANTANDER, JAIRO
Address: URB EL LIMON, CALLE 2, QTA LOS PINOS
City-St-Zip: SAN ANTONIO DE LOS ALTOS, MI 1204 VE

Title: MGRM
Name: GOMEZ, LUIS
Address: CALLE LOS GUAYABITOS, RE VISTA MAGICA #3B
City-St-Zip: CARACAS, MI 1073 VE

Title: MGRM
Name: BRICENO, FREDDY
Address: CALLE COLINA MOSER, QTA MI VIEJA, EL PENON
City-St-Zip: CARACAS, MI VE

Title: MGRM
Name: BILBAO, JON M
Address: AV. ISLA DE MARGARITA, QTA. KAIOLA, CUMBRE
City-St-Zip: CARACAS, MI 1080 VE

Title: MGRM
Name: MAZEIKA, KARL
Address: AV. RIO ORINOCO, #304, CUMBRES DE CURUMO
City-St-Zip: CARACAS, MI 1080 VE

I hereby 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: JULIO RIQUEZES

MGR

04/14/2011

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