

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000051361

1. Entity Name
CARIBE ISLE LLC



Principal Place of Business
**11755 SW 90 ST, STE 210
MIAMI, FL 33173**

Mailing Address
**11755 SW 90 ST, STE 210
MIAMI, FL 33173**



01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0487041

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIREN, ARNAIZ
11755 SW 90 STREET
MIAMI, FL 33186**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MARTINEZ, CARLOS E
11755 SW 90 ST STE 210
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MARTINEZ, FERNANDO I
11755 SW 90 ST STE 210
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MARTINEZ, RAUL A
11755 SW 90 ST STE 210
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MARTINEZ, EMILIO J
11755 SW 90 ST STE 210
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MARTINEZ, EMILIO F
11755 SW 90 ST STE 210
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ARNAIZ, MIREN
11755 SW 90 ST STE 210
MIAMI, FL 33186**

1000000201036
01/28/05-80052-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/14/05 (305) 273-1303