

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90109 014 ***150.00

DOCUMENT # L02000013801

1. Entity Name
CAREY USA PROPERTIES, LLC



Principal Place of Business

**848 BRICKELL AVENUE
700
MIAMI, FL 33131**

Mailing Address

**848 BRICKELL AVENUE
700
MIAMI, FL 33131**

60040007



DO NOT WRITE IN THIS SPACE

04242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
01-0749360

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MURAI WALD BIONDO & MORENO, P.A.
TWO ALHAMBRA PINA
PENTHOUSE 1B
CORAL GABLES, FL 33134**

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
ARDID, JOSE
848 BRICKELL AVE STE 700
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASVP
ARDID, INIGO
848 BRICKELL AVE STE 700
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARDID, DIEGO
848 BRICKELL AVE STE 700
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

Jose Ardid

4/27/06 (305) 377-1001