


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90140 007 ***138.75

DOCUMENT # L08000000213


1. Entity Name
CMA CGM (CARIBBEAN) LLC



Principal Place of Business ONE BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131	Mailing Address ONE BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # One Biscayne Tower	3. Mailing Address One Biscayne Tower
Suite, Apt. #, etc. 2 S. Biscayne, Suite 2000	Suite, Apt. #, etc. 2 S. Biscayne, Suite 2000

City & State Miami, FL	City & State Miami, FL
Zip 33131	Country
Country	Zip 33131
Country	Country



02042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0665859	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE, SUITE 4
 FT. LAUDERDALE, FL 33331**

7. Name and Address of New Registered Agent

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CMA CGM S.A. 2 S. BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131	<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:  **John C. Driscoll, V.P.** **2/4/2008** **305-398-3737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #