

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90267 050 ***143.75

60018275



01042008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000033721 1. Entity Name CARIBBEAN FUND CARIFUND MANAGEMENT, LLC	
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Principal Place of Business 220 ALHAMBRA CIRCLE CORAL GABLES, FL	Mailing Address 220 ALHAMBRA CIRCLE CORAL GABLES, FL
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2. Principal Place of Business - No P.O. Box # 220 Alhambra Circle, 11th Suite, Apt. #, etc. 11th Floor	3. Mailing Address 220 Alhambra Circle Suite, Apt. #, etc. 11th Floor
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City & State Coral Gables, FL	City & State Coral Gables, FL	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip 33134	Country USA	Zip 33134	Country USA

6. Name and Address of Current Registered Agent CTC MANAGEMENT SERVICES LLC 220 ALHAMBRA CIRCLE, 11TH FL CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRAMM TRUST 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mercantile Commercebank Trust Comp., N.A. 220 Alhambra Circle, 11th Floor Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMMERCEBANK TRUST COMPANY, N.A. 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 <input checked="" 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
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
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
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: [Signature] AVS 01/09/2008 305-305-441-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #