

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90019 029 \*\*\*138.75

<b>DOCUMENT # L07000038765</b> 1. Entity Name <b>CACO 07, LLC</b>					
Principal Place of Business <b>128 MORNING SIDE DRIVE</b> <b>CORAL GABLES, FL 33133 US</b>			Mailing Address <b>128 MORNING SIDE DRIVE</b> <b>CORAL GABLES, FL 33133 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1680 RICKITON AVENUE</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 700</b>			
City & State <b>Miami Beach / FL</b>		City & State Zip <b>33139</b> Country <b>DOOE</b>		4. FEI Number <b>74-3211599</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		04222008 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent  <b>RIQUEZES, JULIO J SR.</b> <b>128 MORNING SIDE DRIVE</b> <b>CORAL GABLES, FL 33133</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>RIQUEZES, JULIO J SR.</b> <b>128 MORNING SIDE DRIVE</b> <b>CORAL GABLES, FL 33133</b>	<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.					
<b>SIGNATURE:</b> 			<b>4/20/08</b> (205) 777-2289		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		