

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A98000002213**

1. Entity Name  
**CARIBE BUILDERS LTD.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 JUN -7 PM 12:07

|  |  |
|--|--|
| Principal Place of Business<br>11755 S.W. 90TH ST.<br>SUITE 210<br>MIAMI, FL 33186 | Mailing Address<br>11755 S.W. 90TH ST.<br>SUITE 210<br>MIAMI, FL 33186 |
|--|--|



04252006 Chg-LP CR2E003 (11/05)

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0865996</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CARIBE BUILDERS CORP**  
 11755 S.W. 90TH ST.  
 SUITE 210  
 MIAMI, FL 33186

**7. Name and Address of New Registered Agent**

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

|                |  |
|----------------|--|
| DOCUMENT #     | P98000072415                           |
| NAME           | CARIBE BUILDERS CORP.                  |
| STREET ADDRESS | 11755 S.W. 90TH ST., #210              |
| CITY-ST-ZIP    | MIAMI, FL 33186                        |
| DOCUMENT #     | <del>P98000080251</del>                |
| NAME           | <del>VITRAN INVESTMENT III CORP.</del> |
| STREET ADDRESS | <del>5785 SW 100 ST.</del>             |
| CITY-ST-ZIP    | <del>MIAMI, FL 33156</del>             |
| DOCUMENT #     |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| DOCUMENT #     |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| DOCUMENT #     |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**13. ADDRESS CHANGES ONLY**

|                |                                      |
|----------------|--------------------------------------|
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    | <b>300074418653</b>                  |
|                | <b>05/11/06--01010--024 **500.00</b> |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/06 (305) 273-1303  
 Date Daytime Phone #

STAPLE CHECK HERE