2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000006088

1. Entity Name
CARIBBEAN CAPITAL ADVISORY GROUP, L.L.C.

Principal Place of Business	Mailing Address
1201 NE 97TH ST. MIAMI SHORES, FL 33138	150 SE 2ND AVE., STE 902 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

04252007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
65-1054629	Not Applicable

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

6. Name and Address of Current Registered Agent

SEATON, DOUGLAS M
150 SE 2ND AVE., STE 902
MIAMI, FL 33131

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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 _____

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, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SEATON, DOUGLAS M
STREET ADDRESS	150 SE 2ND AVE., STE 902
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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05/15/07-80122-015 50.00

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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: _____   4/25/07   305 467-68 76

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