FILED
Aug 05, 2002 8:00 am
Secretary of State
08-05-2002 90010 030 ****50.00

[redacted]

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000518

1. Entity Name
THE CARIBBEAN GROUP, L.L.C.

[redacted]

Principal Place of Business	Mailing Address
1310 W COLONIAL DR SUITE 19 ORLANDO FL 32804	1310 W COLONIAL DR SUITE 19 ORLANDO FL 32804

2. Principal Place of Business	3. Mailing Address
5401 S. Kirkman Rd	5401 S. Kirkman Rd
Suite, Apt. #, etc. Suite # 310	Suite, Apt. #, etc. Suite # 310
City & State Orlando, FL	City & State Orlando FL
Zip 32819-7937 Country Orange	Zip 32819 Country Orange

DO NOT WRITE IN THIS SPACE

4. FEI Number 593678243 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARLATIER, ANNE
5868 PINE GROVE RUN
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BARLATIER, ANNE 1310 W COLONIAL DR SUITE 19 ORLANDO FL 32804 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5401 S Kirkman Rd #310 Orlando, FL 32819
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BARLATIER, ADRIEN S 1310 W COLONIAL DR SUITE 19 ORLANDO FL 32804 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5401 S. Kirkman Rd. #310 Orlando, FL 32819
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CR2E083 (4/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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: Anne Barlatier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 7/1/02 Daytime Phone # 407 481 1061