

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000000518

FILED
Jan 21, 2005
Secretary of State

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

Current Principal Place of Business:

5401 S KIRKMAN ROAD
STE 310
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5401 S KIRKMAN ROAD
STE 310
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3678243 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARLATIER, ANNE
5868 PINE GROVE RUN
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

BARLATIER, ANNE
2667 ALOMA OAKS DRIVE
OVIEDO, FL 32765 US

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.

SIGNATURE: ANNE BARLATIER

01/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BARLATIER, ANNE
Address: 5401 S KIRKMAN ROAD STE 310
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: BARLATIER, ADRIEN S
Address: 5401 S KIRKMAN ROAD STE 310
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 BARTLATIER

MGRM

01/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date