

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003549

FILED  
Jul 12, 2006  
Secretary of State

**Entity Name:** CARIBBEAN RESORTS BY LACONM, L.L.C.

**Current Principal Place of Business:**

305 SOUTH ANDREWS AVE  
SUITE 508  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

P.O.BOX 14784  
FORT LAUDERDALE, FL 33302

**Current Mailing Address:**

P.O.BOX 14784  
FORT LAUDERDALE, FL 33302

**New Mailing Address:**

FEI Number: 65-1091046      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

IGLESIAS, VIRGINIA  
305 S ANDREWS AVE  
SUITE 508  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

IGLESIAS, VIRGINIA  
305 S ANDREWS AVE  
FORT LAUDERDALE, FL 33301 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:

07/12/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: IGLESIAS, VIRGINIA  
Address: 305 S ANDREWS AVE SUITE 508  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: IGLESIAS, VIRGINIA  
Address: P.O.BOX 14784  
City-St-Zip: FORT LAUDERDALE, FL 33302

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: VIRGINIA IGLESIAS

MGR

07/12/2006

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