

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000011318

1. Entity Name
CARIBE L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:45

Principal Place of Business
3103 WOODS DR.
PARRISH, FL 34219 US

Mailing Address
3103 WOODS DR.
PARRISH, FL 34219 US

2. Principal Place of Business

3103 River Woods
Suite, Apt. #, etc.

3. Mailing Address

3103 River Woods
Suite, Apt. #, etc.

08282006 Chg-LLC CR2E083 (11/05)

City & State

Parrish FLA

City & State

Parrish FL

Zip

34219

Country

Zip

34219

Country

4. FEI Number
01-0687665

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6- Name and Address of Current Registered Agent

HIGGINS, MARIANNE
3103 RIVER WOODS DR
PARRISH, FL 34219

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

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HIGGINS, MARIANNE
STREET ADDRESS 3103 RIVER WOODS DR
CITY-ST-ZIP PARRISH, FL 34219 ☐ Delete

TITLE MGRM
NAME HIGGINS, TERRY
STREET ADDRESS 3103 RIVER WOODS DR
CITY-ST-ZIP PARRISH, FL 34219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900080191369
09/26/06--01064--016 **\$5.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #