CARIBE AT TAMARAH LLC   Inc al Flace of Business  SS SK. SOH STREET  STS SK. SOH STREET  STT SOH STREET  STS SK. SOH STREET  STT SOH STRE	Centry Nan	MENT # L01000	BUSINESS REPORT (UBR)FILED Apr 01, 2002 8:00 am Secretary of State 04-01-2002 90726 006 ****50.00				
NS SK SW SPIN STREET       11755 SM SOTH STREET         NW R, 3318       SUM, Apt. #, etc.         Pin cipal Place of Buchese       3. Mailing Address         Sum, Apt. #, etc.       Sum, Apt. #, etc.         City & State       Country         Zp       Country         City & State       Country         Zp       Country         Registration       Country         State Country       Country         State Country       Country         Registration       Name and Address of New Registrated Agent         MAURAL, WALD, BIONDO & MORENO, P.A.         State Country       State Country         Name and Address of New Registrated Agent       Name and Address of New Registrated Agent         MAURAL, WALD, BIONDO & MORENO, P.A.       State Country         State Country       Country         File Address of New Registrated Agent       Name and Address of New Registrated Agent         MAURAL, B.BONDO & MORENO, P.A.       State Country         State Country       Country         The above named gent State Date and the registrated and for or registrated agent, or boh, In the State of Fiorda.         MAURAL B.BONDO & MORENO, P.A.       State Country         State Country       Country         MAURAL B.BONDO & MORENO, P.A.	CARIBE	e at tamiami llc					
The 200     SUITE 210     MAIR 1, 2318       Principale Place of Bulanese     3. Mailing Agorese       Data, Apr. R. de:     Suite, Apr. R. de:       Data     Country       2. Seam     Country       2. Anne and Address of Current Beglistered Agent       MAURAL, WALD, BONDO & MORENO, P.A.       MAIRAL, B.J. STATUREZ       MAIRAL, WALD, BONDO & MORENO, P.A.       MAIRAL, P.J. STATUREZ       MAIRAL, P.L. STATUREZ	Principal Plac	ce of Business	Mailing Address				
Suite, Apr. 4, etc.       Suite, Apr. 4, etc.       DO NOT WRITE IN THIS SPACE         Dity & State       City & State       A FEI Number       Applied For         Dity & State       City & State       A FEI Number       State, Applied For         Dity & State       City & State       A Control       State, Applied For         Dity & State       A control of State, Design       State, Applied For         Dity & State       Name and Address of Current Registrand Agent       Name and Address of New Registrand Agent         MAURAI, WALD, BIONDO & MORENO, P.A.       State, Applied For       Name Charlos E. MARTINEZ         MAURAI, WALD, BIONDO & MORENO, P.A.       State, Applied FOR Distribution       State, Applied For         MAURAI, WALD, BIONDO & MORENO, P.A.       State, Applied FOR Distribution       State, Applied For         MAURAI, F.B. 3131       FLE       State, Applied For       State, Applied For         The above named experi Spents this statement for the purseour operatory	1755 S.W. 90TH STREET WITE 210 NIAMI FL 33186		SUITE 210	г	B0054595		
City & State       City & State       A FEI Number       A Deptind For         City & State       Country       Country       Country       A Deptind For         City & State       Country       Country       Country       State       State         S. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         MAURAL, WALD, BIONDO & MORENO, P.A. 2000 INGRAHAM BUILDING, 25 S.E. 2ND AVE. MIANT IF 2.3131       Name and Address of P.O. Box Number is Nick Acceptable)         Inter Address IP O. Box Number is Nick Acceptable)       Inter Address IP O. Box Number is Nick Acceptable)       Inter Address IP O. Box Number is Nick Acceptable)         Inter Address IP O. Box Number is Nick Acceptable)       Inter Address IP O. Box Number is Nick Acceptable)       Inter Address IP O. Box Number is Nick Acceptable)         Inter Address IP O. Box Number is Nick Acceptable)       Inter Address IP O. Box Number is Nick Acceptable)       Inter Address IP O. Box Number is Nick Acceptable)         Inter Address IP O. Box Number is Nick Acceptable)       Inter Address IP O. Box Number is Nick Acceptable)       Inter Address IP O. Box Number is Nick Acceptable)         Inter Address IP O. Box Number is Nick Acceptable)       Inter Address IP O. Box Number is Nick Acceptable)       Inter Address IP O. Box Number is Nick Acceptable)         Inter Address IP O. Box Number is Nick Acceptable)       Inter Address IP O. Box Number	Principal Place of Business		3. Mailing Address				
Country         Zp         Country         Country         Country         Country         Country         Country         Statu Datest         Intel Application           6. Name and Address of Current Registered Agent         7. Name and Address of Nor Registered Agent         7. Name and Address of Nor Registered Agent         7. Name and Address of Nor Registered Agent           MAURAI, WALD, BIONDO & MORENO, P.A. 500 INGRAMAM BULDING, 25 SE 2ND AVE. MMANI FL 33131         Name CARLOS E. MARTINEZ         Street Address (P.O. Box Number In No. Acceptable)           Intel Address (P.O. Box Number In No. Acceptable)         117.55 SW 901b STREET SUITE 210         Street Address (P.O. Box Number In No. Acceptable)           Intel Address (P.O. Box Number In No. Acceptable)         117.55 SW 901b STREET SUITE 210         Street Address (P.O. Box Number In No. Acceptable)           Intel Address (P.O. Box Number In No. Acceptable)         10.75 SW 901b STREET SUITE 210         Date           Intel Address (P.O. Box Number In No. Acceptable)         10.75 SW 901b STREET SUITE 210         Intel Mark Acceptable In Department of State De	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Zip         Country         Zip         Country         6. Conflicted of Status Dealed         SS.600 Assiltantial Fee Required           6. Name and Address of Courrent Registered Agent         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           MAURAI, WALD, BIONDO & MORENO, P.A. 500 INGRAFAMB BUILDING, 25 SE 2ND AVE. MAMI FL 33131         Name CARLOS E.o. MARTINEZ           The above named egent Sports this statement for the purports of changing its registered dgent, or both, in the State of Florda.         City           The above named egent Sports this statement for the purports of changing its registered dgent, or both, in the State of Florda.         Name and Address of Do Both Martines NMA Acceptable) 11755 SS 900th STREET           NATURE         Betweet Registered Agent	City & State		City & State		4. FEI Number Applied For Not Applied		
B. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       MAURAI, WALD, BIONDO & MORENO, P.A. 900 INGRAHAM BUILDING, 25 S.E. 2ND AVE.     Name Address of New Registered Agent       MAME FL 33131     Strett Address (P.G. Bownebre is Not Acceptative) 11755 SW 90th STREET SUITE 210       City     FL       MAURAI, WALD, BIONDO & MORENO, P.A. 900 INGRAHAM BUILDING, 25 S.E. 2ND AVE.     Strett Address (P.G. Bownebre is Not Acceptative) 11755 SW 90th STREET SUITE 210       City     FL       City     FL       Deputive BowerFlinks fuer all agenerative Frequence     Inter Fegures Agent agenerative frequence       MAURAINE     Inter Fegures Agenerative frequence       MAURAINE     Stret Address       Stret Address     Inter Fegures Agenerative frequence       MAURAINE     Stret Address       Stret Address     Inter Fegures Agenerative frequence       Stret Address <td>Zip</td> <td>Country</td> <td>Zip</td> <td>Country</td> <td>5 Certificate of Status Desired 5 \$5.00 Additional</td>	Zip	Country	Zip	Country	5 Certificate of Status Desired 5 \$5.00 Additional		
MAURAI, WALD, BIONDO & MORENO, P.A. BOO INGRAHAM BUILDING, 25 S.E. 2ND AVE. MAMI FL 3313  Steel Address (FL 2) Code Structure is NA Acceptable) Steel Address (FL 2) Code Structure is NA Acceptable) I1755 SW 90th STREET SUITE 210  The above named gave Steen is statement for the purpose of changing its registered algent, or both, in the State of Florida.  NATURE  The above named gave Steen is this statement for the purpose of changing its registered algent, or both, in the State of Florida.  NATURE  The above named gave Steen is the statement for the purpose of changing its registered algent, or both, in the State of Florida.  NATURE  The above named gave Steen is the statement for the purpose of the state of State Due By May 1, 2002  MAUAGING MEMBERS/MANAGERS  FRESIDENT CONSTRET SUITE 210  MAUAGING MEMBERS/MANAGERS  Steen Address (FL 2)  Steen Address (FL 2)  MAURAL PL 33186  The MAUAGING DL MARTINEZ  Steen Address (FL 2)  MARTINEZ  TRANS B. THE SUITE 210  The MAUAGING DL MARTINEZ  TRANS B. THE SUITE 210  MAK  Steen Address (FL 2)  MAMU C. Structure C. Change Address  Steen Address (FL 2)  MAMU C. Structure C. Change Address  Steen Address (FL 2)  MAUAGING DL MARTINEZ  Steen Address (FL 2)  The Address (FL 2)  MAUAGING DL MARTINEZ  Steen Address (FL 2)  MAMU C. Structure C. Change Address  Steen Address (FL 2)  MAMU C. Structure C. Change Address  Steen Address (FL 2)  MAMU C. Structure C. Change Address  Steen Address (FL 2)  MAUAGING DL MARTINEZ  Steen Address (FL 2)  MAMU C. Structure C. Structure C. Change Address  Steen Address (FL 2)  MAMU C. Structure C. St		6. Name and Address of Current	Registered Agent				
900 INGRAHAM BUILDING, 25 SE. 2ND AVE.       Differ Addiss of Council Structure 2 10         II1755 SW 901b STREET SUITE 210       City       FL       20 Code         City       FL       20 Code       3186         The above named and Symptomis this statement for the purpode of changing its registered algent or trajsforred agent, or both, in the State of Florida.       II1755       SW 901b       Structure 2 10         NATURE       FILE NOWING The both structure agent and the purpode of changing its registered algent or trajsforred agent, or both, in the State of Florida.       DATE         NATURE       FILE NOWING THE ES \$50.00       Make Check Payable to Department of State       DATE         PRESIDENT Administree       ID be By May 1, 2002       ADDITIONS/CHANGES       ID bange       Addition         Structure				Name CAR	LOS E. MARTINEZ		
City     FL     Zip Code 33186       The above named eperformats this statement for the purpose ofchanging its registered office or registered agent, or both, in the State of Florida.     Intel State of Florida.       INATURE     File NOW!!! FEELS \$50.00     Make Check Payable to Department of State Due By May 1, 2002     Date       MANAGING MEMBERS/MANAGERS     10.     ADDITIONS/CHANGES     Ontel Registered agent, or both, in the State of Florida.       MANAGING MEMBERS/MANAGERS     10.     ADDITIONS/CHANGES     Intel       CARLOS E. MARTINEZ     Delete     The Note Floridement of State Due By May 1, 2002     Change     Addition       SECRETARY     Delete     The Note Floridement of State Delete     Intel Note Floridement of State Delete     Change     Addition       SECRETARY     Delete     The Note Floridement of State Delete     The Note Floridement of State Delete     Change     Addition       SECRETARY     Delete     The Note Floridement of State Delete     Change     Addition       SECRETARY     Delete     The Note Floridement of State Delete     Change     Addition       STAT MIALL PT. 33186     Others     The Note Floridement of Change     Change     Addition       STATER ADDRESS     Others     The State ADDRESS     Change     Addition       STATER ADDRESS     Others     The State ADDRESS     Change     Addition   <	900 INGRAHAM BUILDING, 25 S.E. 2ND AVE.			Street Addre	ss (P.O. Box Number is Not Acceptable) 55 SW 90th STREET SUITE 210		
MIANI       PL       33186         The above named every sport is this statement for the purpose of changing lite registered office or registered agent, or both, in the State of Fiorda.       In the State of Fiorda.         NATURE       Incention the purpose of changing lite registered office or registered agent, or both, in the State of Fiorda.         NATURE       Incention the purpose of changing lite registered agent, or both, in the State of Fiorda.         NATURE       FILE NOW!!! FEE IS \$50.00         Make Check Payable to Department of State Due By May 1, 2002       ADDITIONS/CHANGES         MANAGING MEMBERS/MANAGERS       ID.         ADDITIONS/CHANGES       ID.	MIA	AMI FL 33131					
NATURE	<u> </u>			MIA	MI33186		
	The above	e named entity submits this statement fo	r the purpose of changing its	s registered office or regi	stered agent, or both, in the State of Florida.		
	GNATURE	(					
Make Check Payable to Department of State Due By May 1, 2002       MANAGING MEMBERS/MANAGERS     10.     ADDITIONS/CHANGES       PRESIDENT 1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature req	ujred when reinstating) DATE		
Due By May 1, 2002       MANAGING MEMBERS/MANAGERS     10.     ADDITIONS/CHANGES       PRESIDENT: ATTINEZ     Inte     Inte       CARLOS E. MARTINEZ     Inte     MALE       ST.2P     MAME     STREET SUITE 210     Inte       ST.2P     MANAGING MEMBERS/MANAGERS     Inte     Inte       ST.2P     MARTINEZ     STREET SUITE 210     Inte     Inte       ST.2P     MARAIZ     Inte     Inte     Inte       ST.2P     MIAMI, FI, 33186     Inte     Inte     Inte       TREASURER     Inte     Inte     Inte     Inte       MAME     STREET ADDRESS     Inte     Inte     Inte       ST.2P     MIAMI, FI, 33186     Inte     Inte     Inte       TREASURER     Intel     Inte     Inte     Inte       FRANNOD I. MARTINEZ     STREET ADDRESS     Inte     Inte       ST.2P     IIT55 SW 90th STREET SUITE 210     Inte     Inte       FRANNOD I. MARTINEZ     Inte     Inte     Inte       ST.2P     IIT55 SW 90th STREET SUITE 210     Inte     Inte       ST.2P     IIT55 SW 90th STREET SUITE 210     Inte     Inte       ST.2P     IIT65 SW 90th STREET SUITE 210     Inte     Inte       ST.2P     II				,			
MANAGING MEMBERS/MANAGERS       10.       ADDITIONS/CHANGES         E       PRESIDENT       Delete       TTLE       Delete       Addition         CARLOS E. MARTINEZ       INTET SUITE 210       STRETADRESS       Delete       TTLE       Addition         S1: 2P       MIANT, FL. 33186       Delete       TTLE       Addition         MIREM ARNAIZ       STRETARY       Delete       TTLE       Addition         MIREM ARNAIZ       STRET ADDRESS       DITY-51-2P       Addition         MIAMI, FL. 33186       Delete       TTLE       Change       Addition         FEADRESS       STRET ADDRESS       DITY-51-2P       MARE       Addition         FEADRESS       STRET ADDRESS       CTY-51-2P       DITY ST-2P       Addition         FEADRESS       TREASURER       Delete       TTLE       Change       Addition         FEADRESS       CTY-51-2P       TTLE       Change       Addition         FEADRESS       CTY-51-2P       TTLE       Change       Addition         FEADRESS       CTY-51-2P       CTY-51-2P       CTY-51-2P       CTY-51-2P         FEADRESS       CTY-51-2P       CTY-51-2P       CTY-51-2P       CTY-51-2P       CTY-51-2P       Change       Addition<			ſ				
PRESIDENT A The labels       ITLE       ITLE       ItLE       ItLE         CARLOS E. MARTINEZ       ITTS SW 90th STREET SUITE 210       STRET ADDRESS       ItTS SW 90th STREET SUITE 210       STRET ADDRESS         SI:2P       MAML       ITLE       ItTS SW 90th STREET SUITE 210       ItTLE       ItTLE         SECRETARY       Delete       ITLE       ItTLE       ItTLE       ItTLE         MIREN ARNAIZ       ItTS SW 90th STREET SUITE 210       STREET ADDRESS       ItTLE       ItTLE       ItTLE         SI:2P       MIREN ARNAIZ       ItTS SW 90th STREET SUITE 210       ItTLE       ItTLE       ItTLE       ItTLE       ItTLE         FERNANDO I. MARTINEZ       ItTS SW 90th STREET SUITE 210       Ittle		MANAGING MEMBE			ADDITIONS/CHANGES		
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11755 SW 90th STREET SUITE 210       Sincer ADARSS         ST-2IP       MIAMI, PL 33186       Delete         E       Delete       TTLE         F1 ADDRESS       STREET ADDRESS         ST-2IP       Delete       TTLE         B       Delete       TTLE         CTY-ST-2IP       CTY-ST-2IP         CTADDRESS       STREET ADDRESS         ST-2IP       Delete       TTLE         NAME       STREET ADDRESS       CTY-ST-2IP         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							
MIAMI, FL 33186       One of all         E       Delete         TTLE       Change         Addition         FT ADDRESS         -ST-2IP         Delete         Delete         TTLE         NAME         STREET ADDRESS         -ST-2IP         Delete         TTLE         NAME         STREET ADDRESS         STREET ADDRESS         ST-2IP         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;							
E       NAME         ET ADDRESS       STREET ADDRESS         .ST-ZIP       Delete         Image: Delete       TITLE         Image: Delete       Delete         Image: Delete       TITLE         Image: Delete       TITLE         Image: Delete       STREET ADDRESS         .ST-ZIP       CITY-ST-ZIP         Image: Delete       TITLE         Image: Delete       STREET ADDRESS         .ST-ZIP       CITY-ST-ZIP         Image: Delete       TITLE         Image:	et address	・ エエエ・オ・オーマ しゅう マリレロレー ひとちじり		GILY-SI-ZIP			
-ST-ZIP  CITY-ST-ZIP  CITY-ST-Z	E ADDRESS - ST- ZIP						
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E       NAME         ET ADDRESS       STREET ADDRESS         ST-ZIP       Delete         ITLE       Change         Addition         ET ADDRESS         ST-ZIP         ITLE         STREET ADDRESS         ST-ZIP         ITLE         ITLE         STREET ADDRESS         ST-ZIP         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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	E ET ADDRESS - ST- ZIP  E		Delete	NAME	🗋 Change 🗖 Addition		
ET ADDRESS       STREET ADDRESS         -ST-ZIP       CITY-ST-ZIP         E       Delete         ITLE       Change         Addition         ET ADDRESS         -ST-ZIP         It ADDRESS         -ST-ZIP         It ADDRESS         -ST-ZIP         It ADDRESS         -ST-ZIP         It 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.	E ET ADDRESS - ST- ZIP E E E E			NAME STREET ADDRESS			
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E       NAME         ET ADDRESS       STREET ADDRESS         -ST-ZIP       CITY-ST-ZIP         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.	E ADDRESS -ST-ZIP E E EE EET ADDRESS -ST-ZIP E E			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			
ET ADDRESS -ST-ZIP ST-ZIP 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.	TE ADDRESS ST- ZIP E EET ADDRESS ST- ZIP E E E E E E E E E E ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			
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.	AE EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E E		Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Change D Addition		
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 expecte this report as required by Chapter 608, Florida Statutes.	LE MET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS REET ADDRESS		Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change D Addition		
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