


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000019282 1. Entity Name CARIBE AT TAMiami LLC	
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Principal Place of Business 11755 S.W. 90TH STREET SUITE 210 MIAMI, FL 33186	Mailing Address 11755 S.W. 90TH STREET SUITE 210 MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0544239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, CARLOS E
11755 SW 90TH STREET
SUITE 210
MIAMI, FL 33186

**DO NOT WRITE
IN THIS SPACE**

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

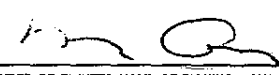
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, CARLOS E 11755 SW 90TH STREET SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARNAIZ, MIREN 11755 SW 90TH STREET SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, FERNANDO I 11755 SW 90TH STREET SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, RAUL A 11755 SW 90 ST., #210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, EMILIO J 11755 SW 90 ST., #210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000203939
01/29/05-80049-023 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1/18/05 (305) 273-1303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #