

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000011269**

1. Entity Name  
**CARIBE SOUTH LLC**



Principal Place of Business

**11755 S.W. 90TH STREET  
SUITE 210  
MIAMI, FL 33186 US**

Mailing Address

**11755 S.W. 90TH STREET  
SUITE 210  
MIAMI, FL 33186 US**



01062005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0723423**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MARTINEZ, CARLOS E  
11755 SW 90 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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reissuing)

DATE

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

U00000186781  
01/21/05-80069-019 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MARTINEZ, CARLOS E
STREET ADDRESS	11755 SW 90 STREET, SUITE 210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGRM
NAME	ARNAIZ, MIREN
STREET ADDRESS	11755 SW 90 STREET, SUITE 210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGRM
NAME	MARTINEZ, FERNANDO I
STREET ADDRESS	11755 SW 90 STREET, SUITE 210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

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

1/14/05 (305) 273-1303  
Date Daytime Phone #