

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90016 042 \*\*\*\*50.00

**DOCUMENT # L02000013579**

1. Entity Name  
**CARIBE AT MILANO LLC**



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**

**24056009**



04022004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>71-0889848</b>	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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, CARLOS E 11755 SW 90 STREET, SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARNAIZ, MIREN 11755 SW 90 STREET, SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, FERNANDO I 11755 SW 90 STREET, SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Martinez, Raul 11755 SW 90 Street, Suite 210 Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Martinez, Emilio J 11755 SW 90 Street, Suite 210 Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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)(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.

**SIGNATURE:** \_\_\_\_\_

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

**4/21/04 (305) 273-1303**

Date

Daytime Phone #