


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000013579**  
 1. Entity Name  
**CARIBE AT MILANO LLC**



Principal Place of Business      Mailing Address  
 11755 S.W. 90TH STREET, SUITE 210      11755 S.W. 90TH STREET, SUITE 210  
 MIAMI, FL 33186      MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**



01062005No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>71-0889848</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable


**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 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 STE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, EMILIO J 11755 SW 90 STREET STE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/01/05-80084-012 50.00

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:**       **1/14/05**      **(305) 273-1303**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #