

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000026548				Secretary of State	
1. Entity Name CARIBBEE ASSOCIATES, LLC					
Principal Place of Business 100 NORTH FIRST ST. NEPTUNE BEACH, FL 32266		Mailing Address 100 NORTH FIRST ST. NEPTUNE BEACH, FL 32266			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt # etc		Suite, Apt #, etc.		04192004 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 54-2078074	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PATTERSON, BOND & LATSHAW, P.A. 3010 SOUTH THIRD ST. JACKSONVILLE BEACH, FL 32250				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROCATO, JOHN M 100 NORTH FIRST ST. NEPTUNE BEACH, FL 32266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000122653 04/21/04-80038-003 50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROCATO, LORI 100 NORTH FIRST ST. NEPTUNE BEACH, FL 32266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: 		4-20-04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					