

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026548

FILED
May 11, 2005
Secretary of State

Entity Name: CARIBBEE ASSOCIATES, LLC

Current Principal Place of Business:

100 NORTH FIRST ST.
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

100 NORTH FIRST ST.
NEPTUNE BEACH, FL 32266

New Mailing Address:

FEI Number: 54-2078074 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PATTERSON, BOND & LATSHAW, P.A.
3010 SOUTH THIRD ST.
JACKSONVILLE BEACH, FL 32250 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BROCATO, JOHN M
Address: 100 NORTH FIRST ST.
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: MGRM () Delete
Name: BROCATO, LORI
Address: 100 NORTH FIRST ST.
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LINGENFELSER, WILLIAM M
Address: 100 NORTH FIRST ST.
City-St-Zip: NEPTUNE BEACH, FL 32266

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM LINGENFELSER

MGRM

05/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date