

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 08:00 A
Secretary of State

DOCUMENT # L02000026548

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**



04272006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2078074

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BROCATO, JOHN M
100 NORTH FIRST ST.
NEPTUNE BEACH, FL 32266**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LINGENFELSER, WILLIAM M
100 NORTH FIRST ST.
NEPTUNE BEACH, FL 32266**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000559293
05/17/06-80130-019 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #