

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90109 004 ****50.00

DOCUMENT # L02000028494					
1. Entity Name CAIMITO PROPERTIES, LLC					
Principal Place of Business 3634 SOUTHWEST 57TH AVENUE MIAMI, FL 33155			Mailing Address 3634 SOUTHWEST 57TH AVENUE MIAMI, FL 33155		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1173019	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOHATCH, JOHN S 2600 DOUGLAS ROAD PENTHOUSE 8 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name <u>John S. Bohatch</u> Street Address (P.O. Box Number is Not Acceptable) <u>1301 SW 57th Ave, Suite 560</u> City <u>South Miami</u> FL Zip Code <u>33143</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/15/06</u>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDEROS HOLDINGS, L.L.C. 3634 SOUTHWEST 57TH AVENUE MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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 608, Florida Statutes.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>2/15/06</u> Daytime Phone # <u>305-442-4911</u>		

20009747



02152006 Chg-LLC CR2E083 (11/05)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOHATCH, JOHN S
2600 DOUGLAS ROAD PENTHOUSE 8
CORAL GABLES, FL 33134

Name John S. Bohatch
Street Address (P.O. Box Number is Not Acceptable) 1301 SW 57th Ave, Suite 560

City South Miami **FL** Zip Code 33143

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

Date Daytime Phone #