

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029725

FILED
Jul 20, 2009
Secretary of State

Entity Name: CARIBE INVESTMENT GROUP, LLC

Current Principal Place of Business:

408 17TH ST
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

408 17TH ST
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 60-2221046 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:

MARCH, ANN M
4629 WADITA KA WAY
WEST PALM BEACH, FL 33417 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/MANAGERS:

Title: MGR () Delete
Name: KENTON, HOPETON
Address: 408 17TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR () Delete
Name: GRANT, ALVIN
Address: 3017 EXCHANGE COURT, SUITE I
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGR () Delete
Name: MARCH, ANN M
Address: 4629 WADITA KAWAY
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANN MARIE MARCH

MRS.

07/20/2009

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