

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030433

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: CARIBBEAN CONNECTION AUTO SALES, LLC

**Current Principal Place of Business:**

1615 NO. US HWY 1  
FT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

1615 NO. US HWY 1  
FT PIERCE, FL 34950

**New Mailing Address:**

P.O. BOX 12404  
FT PIERCE, FL 34979 US

FEI Number: 36-4518855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIND, KAISAMARI  
1615 NO. US 1  
FT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

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: LIND, KAISAMARI  
Address: 3119 S. INDIAN RIVER DR.  
City-St-Zip: FORT PIERCE, FL 34982

Title: MGRM ( ) Delete  
Name: BELL, LLOYD F JR  
Address: 681 HIDDEN RIVER DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34983

**ADDITIONS/CHANGES:**

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 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: KAISAMARI LIND

MGRM

04/29/2005

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