


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000002652 1. Entity Name CARIBAY PLAZA 1, LLC	
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Principal Place of Business 12466 ACCIPITER DRIVE ORLANDO, FL 32837	Mailing Address 12466 ACCIPITER DRIVE ORLANDO, FL 32837
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DO NOT WRITE IN THIS SPACE



04282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 06-1673371	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

DULZAIDES, ORESTES
12466 ACCIPITER DRIVE
ORLANDO, FL 32837

**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  (NOTE: Registered Agent signature required when reinstating) DATE 4/28/2005

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALTAIR, LLC 5008 OLDE KERRY ROAD ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARIBAY GROUP INC. 12466 ACCIPITER DRIVE ORLANDO, FL 32837
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05/04/05-80032-020 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE: 04/28/2005 DAYTIME PHONE #: 407-413 9068