2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002652

Entity Name: CARIBAY PLAZA 1, LLC

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12466 ACCIPITER DRIVE 4765 S. GOLDENROD RD. ORLANDO, FL 32837

SUITE#6

ORLANDO, FL 32822

Current Mailing Address: New Mailing Address:

5008 OLDE KERRY DRIVE 12466 ACCIPITER DRIVE ORLANDO, FL 32837 ORLANDO, FL 32837

FEI Number: 06-1673371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DULZAIDES, ORESTES 5008 OLDE KERRY DR. US ORLANDO, FL 32837

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

MGRM Title: (X) Change () Addition () Delete

PULEO, FELIPE A MR. TELLES, DIOMAR D MS. Name: Name: 12466 ACCIPITER DRIVE Address: 6860 LUCCA STREET Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete Title: () Change () Addition

Name: DULZAIDES, ORESTES E MR Name: Address: 5008 OLDE KERRY DR Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip:

Title: () Delete Title: MGRM () Change (X) Addition

CARIBAY GROUP INC., Name: Name: Address: Address: 6860 LUCCA ST. City-St-Zip: City-St-Zip: ORLANDO, FL 32819

() Change (X) Addition Title: () Delete Title: MGRM

ALTAIR LLC. Name: Name: Address: Address: 5008 OLDE KERRY DR City-St-Zip: City-St-Zip: ORLANDO, FL 32837

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: ORESTES E. DULZAIDES **MGRM** 04/26/2007