

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90148 026 \*\*\*\*50.00

**DOCUMENT # L03000006705**

1. Entity Name  
**CARIBE AT PARADISE, LLC**



Principal Place of Business  
**11755 S.W. 90 ST., STE. 210  
MIAMI, FL 33186**

Mailing Address  
**11755 S.W. 90 ST., STE. 210  
MIAMI, FL 33186**

**60010291**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**16-1661383**

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

**ARNAIZ, MIREN  
11755 SW 90 ST.  
#210  
MIAMI, FL 33186**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **MARTINEZ, CARLOS E**  
STREET ADDRESS **11755 SW 90 ST #210**  
CITY - ST - ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **VP** ☐ Delete  
NAME **MARTINEZ, FERNANDO I**  
STREET ADDRESS **11755 SW 90 ST #210**  
CITY - ST - ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **VP** ☐ Delete  
NAME **MARTINEZ, RAUL A**  
STREET ADDRESS **11755 SW 90 ST #210**  
CITY - ST - ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **VP** ☐ Delete  
NAME **MARTINEZ, EMILIO J**  
STREET ADDRESS **11755 SW 90 ST #210**  
CITY - ST - ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **VP** ☐ Delete  
NAME **MARTINEZ, EMILIO F**  
STREET ADDRESS **11755 SW 90 ST #210**  
CITY - ST - ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **S** ☐ Delete  
NAME **ARNAIZ, MIREN**  
STREET ADDRESS **11755 SW 90 ST #210**  
CITY - ST - ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:**

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

Date

Daytime Phone #

**1/20/07**

**305 273 1303**