

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044688

FILED
Apr 24, 2007
Secretary of State

Entity Name: CARIBBEAN RESORT ADVISORS, LLC

Current Principal Place of Business:

800 OCEAN DRIVE
SUITE 100
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

800 OCEAN DRIVE
SUITE 100
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 57-1194057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRIS, GREGORY N
800 OCEAN DRIVE #100
MIAMI BEACH, FL 33139 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/MANAGERS:

Title: MGRM () Delete
Name: ANDRIS, GREGORY N
Address: 800 OCEAN DRIVE, SUITE 100
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: SIMONITSCH, HEINZ C.W.
Address: E.R.I./HALF MOON VILLAGE, ROSEHALL
City-St-Zip: MONTEGO BAY JAMAICA W.I.,

Title: MGRM () Delete
Name: SHARP, ANTHONY D
Address: 219 DUFFERIN STREET SUITE 206 B
City-St-Zip: TORONTO M6K 3J1 CANADA,

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 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: GREGORY N ANDRIS

MGRM

04/24/2007

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