

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000051343**

1. Entity Name  
**CARIBE SOUTH II LLC**



Principal Place of Business  
**11755 SW 90 ST, STE 210  
MIAMI, FL 33173**

Mailing Address  
**11755 SW 90 ST, STE 210  
MIAMI, FL 33173**



01062005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0486995**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ARNAIZ, MIREN  
11755 SW 90 ST  
# 210  
MIAMI, FL 33134**

**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 \_\_\_\_\_

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, 2005**

U000000181134

01/24/05-80158-015 50.00

**9. MANAGING MEMBERS/MANAGERS**

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

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

TITLE **V**  
NAME **MARTINEZ, FERNANDO**  
STREET ADDRESS **11755 SW 90 ST STE 210**  
CITY- ST- ZIP **MIAMI, FL 33186**

TITLE **V**  
NAME **MARTINEZ, RAUL**  
STREET ADDRESS **11755 SW 90 ST STE 210**  
CITY- ST- ZIP **MIAMI, FL 33186**

TITLE **V**  
NAME **MARTINEZ, EMILO J**  
STREET ADDRESS **11755 SW 90 ST STE 210**  
CITY- ST- ZIP **MIAMI, FL 33186**

TITLE **S**  
NAME **ARNAIZ, MIEN**  
STREET ADDRESS **11755 SW 90 ST STE 210**  
CITY- ST- ZIP **MIAMI, FL 33186**

**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:** \_\_\_\_\_

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

1/14/05

Date

(305) 273-1303

Daytime Phone #