

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**FILED  
May 01, 2006 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**



04242006 No Chg-LLC CR2ED83 (11/05)

4. FEI Number 20-0486995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 remitting)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, CARLOS E 11755 SW 90 ST STE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARNAIZ, MIREN 11755 SW 90 ST STE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, FERNANDO 11755 SW 90 ST STE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, RAUL 11755 SW 90 ST STE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, EMILIO J 11755 SW 90 ST STE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARNAIZ, MIEN 11755 SW 90 ST STE 210 MIAMI, FL 33186

UD00000548208  
05/13/06-80008-024 50.00

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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, OR AUTHORIZED REPRESENTATIVE

4/21/06

Date

Daytime Phone #