## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000051343

t. Entity Name

CARIBE SOUTH II LLC

FILED
Jan 29, 2007 08:00 AM
Secretary of State

Principal Place of Business

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

11755 SW 90 ST, STE 210 MIAMI, FL 33173



01192007 No Chg-LLC

CR2E083 (11/05)

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

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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

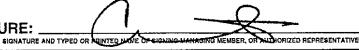
Filing Fee is \$50.00 Due by May 1, 2007 1/00000609148 02/01/07-80033-018 **50.00** 

g,	MANAGING MEMBERS/MANAGERS
NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, CARLOS E 11755 SW 90 ST STE 210 MIAMI, FL 33186
NAME STREET ADDRESS CITY-ST-ZIP	S ARNAIZ, MIREN 11755 SW 90 ST STE 210 MIAMI, FL 33186
TITLE NAME STAFET 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, EMILO J 11755 SW 90 ST STE 210 MIAMI, FL 33186
ntle name street address chy-st-7/p	S ARNAIZ, MIEN 11755 SW 90 ST STE 210 MIAMI, FL 33186

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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:



20 07

3052731303

Date

Daytime Phone #