2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# L03000051343

Entity Name: CARIBE SOUTH II LLC

Current Principal Place of Business:

11755 SW 90 ST, STE 210
MIAMI, FL 33173

New Principal Place of Business:

11755 SW 90 ST, STE 210
MIAMI, FL 33186

Current Mailing Address:

11755 SW 90 ST, STE 210
MIAMI, FL 33173

New Mailing Address:

11755 SW 90 ST, STE 210
MIAMI, FL 33186

FEI Number: 20-0486995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ARNAIZ, MIREN
11755 SW 90 ST
210
MIAMI, FL 33186 US

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: _____ 03/09/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	P	( ) Delete
Name:	MARTINEZ, CARLOS E	
Address:	11755 SW 90 ST STE 210	
City-St-Zip:	MIAMI, FL 33186	
Title:	S	( ) Delete
Name:	ARNAIZ, MIREN	
Address:	11755 SW 90 ST STE 210	
City-St-Zip:	MIAMI, FL 33186	
Title:	V	( ) Delete
Name:	MARTINEZ, FERNANDO	
Address:	11755 SW 90 ST STE 210	
City-St-Zip:	MIAMI, FL 33186	
Title:	V	( ) Delete
Name:	MARTINEZ, RAUL	
Address:	11755 SW 90 ST STE 210	
City-St-Zip:	MIAMI, FL 33186	
Title:	V	( ) Delete
Name:	MARTINEZ, EMILO J	
Address:	11755 SW 90 ST STE 210	
City-St-Zip:	MIAMI, FL 33186	
Title:	S	(X) Delete
Name:	ARNAIZ, MIEN	
Address:	11755 SW 90 ST STE 210	
City-St-Zip:	MIAMI, FL 33186	

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:	
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 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: MIREN ARNAIZ S 03/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date