

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90015 005 ****50.00

DOCUMENT # L03000051361

1. Entity Name
CARIBE ISLE 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**

24055996



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-0487041

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**MURAI, WALD, BIONDO & MORENO, P.A.
900 INGRAHAM BLDG, 25 SE 2ND AVE
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Arnaiz, Miren**

Street Address (P.O. Box Number is Not Acceptable)

11755 SW 90 Street

City **Miami**

FL Zip Code **33186**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE **P** NAME **Martinez, Carlos E.** ☐ Change ☒ Addition
STREET ADDRESS **11755 SW 90 St, Suite 210**
CITY - ST - ZIP **Miami, FL 33186**

TITLE **VP** NAME **Martinez, Fernando I** ☐ Change ☒ Addition
STREET ADDRESS **11755 SW 90 St, Suite 210**
CITY - ST - ZIP **Miami, FL 33186**

TITLE **VP** NAME **Martinez, Raul A.** ☐ Change ☒ Addition
STREET ADDRESS **11755 SW 90 St, Suite 210**
CITY - ST - ZIP **Miami, FL 33186**

TITLE **VP** NAME **Martinez, Emilio J.** ☐ Change ☒ Addition
STREET ADDRESS **11755 SW 90 St, Suite 210**
CITY - ST - ZIP **Miami, FL 33186**

TITLE **VP** NAME **Martinez, Emilio F.** ☐ Change ☒ Addition
STREET ADDRESS **11755 SW 90 St, Suite 210**
CITY - ST - ZIP **Miami, FL 33186**

TITLE **Sec** NAME **Arnaiz, Miren** ☐ Change ☒ Addition
STREET ADDRESS **11755 SW 90 St, Suite 210**
CITY - ST - ZIP **Miami, FL 33186**

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/21/04 (305) 273-1303