

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**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**



01062005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0487041**

Applied For  
☐ Not Applicable

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

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

**MIREN, ARNAIZ  
11755 SW 90 STREET  
MIAMI, FL 33186**

**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**

**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  
**VP  
MARTINEZ, FERNANDO I  
11755 SW 90 ST STE 210  
MIAMI, FL 33186**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MARTINEZ, EMILIO F  
11755 SW 90 ST STE 210  
MIAMI, FL 33186**

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

U00000201036  
01/28/05-80052-009 50.00

**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

Date

Daytime Phone #

1/14/05 (305) 273-1303