2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000051361

1. Entity Name
CARIBE ISLE LLC

Principal Place of Business	Mailing Address
11755 SW 90 ST, STE 210 MIAMI, FL 33173	11755 SW 90 ST, STE 210 MIAMI, FL 33173

04242006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0487041

Applied Fo
Not Applic

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

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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 ac the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	MARTINEZ, CARLOS E
STREET ADDRESS	11755 SW 90 ST STE 210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	MARTINEZ, FERNANDO I
STREET ADDRESS	11755 SW 90 ST STE 210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	MARTINEZ, RAUL A
STREET ADDRESS	11755 SW 90 ST STE 210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	MARTINEZ, EMILIO J
STREET ADDRESS	11755 SW 90 ST STE 210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	MARTINEZ, EMILIO F
STREET ADDRESS	11755 SW 90 ST STE 210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	ARNAIZ, MIREN
STREET ADDRESS	11755 SW 90 ST STE 210
CITY-ST-ZIP	MIAMI, FL 33186

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05/13/06-80008-010 50.0

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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime