

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000051363 1. Entity Name CARIBE HOMESTEAD LLC	
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Principal Place of Business 11755 SW 90 ST, STE 210 MIAMI, FL 33173	Mailing Address 11755 SW 90 ST, STE 210 MIAMI, FL 33173
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01192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0487034	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ARNAIZ, MIREN 11755 SW 90 ST #210 MIAMI, FL 33186
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**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, 2007**

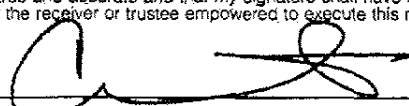
U000000609022
02/01/07-80033-009 50.00

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

**DO NOT WRITE
IN THIS SPACE**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/20/07
Date

3052731303
Daytime Phone #