2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000051363

1. Entity Name
CARIBE HOMESTEAD 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

01192007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0487034
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARNAIZ, MIREN
11755 SW 90 ST #210
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 accept 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, 2007

U00000008022
02/01/07-80033-009 50.00

9. MANAGING MEMBERS/MANAGERS

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

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

SIGNATURE: _____ 1/20/07 3052731303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #