

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000051631

1. Entity Name
CARIBE PALMS 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**



04242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0486983

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINEZ, CARLOS E
11755 SW 90 ST.
#210
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 reselecting)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	MARTINEZ210, CARLOS
STREET ADDRESS	11755 SW 90 ST.,
CITY-STATE-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	MARTINEZ, FERNANDO I
STREET ADDRESS	11755 SW 90 ST., #210
CITY-STATE-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	MARTINEZ, RAUL A
STREET ADDRESS	11755 SW 90 ST., #210
CITY-STATE-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	MARTINEZ, EMILIO J
STREET ADDRESS	11755 SW 90 ST., #210
CITY-STATE-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	MARTINEZ, EMILIO F
STREET ADDRESS	11755 SW 90 ST., #210
CITY-STATE-ZIP	MIAMI, FL 33186
TITLE	S
NAME	ARNAIZ, MIREN
STREET ADDRESS	11755 SW 90 ST., #210
CITY-STATE-ZIP	MIAMI, FL 33186

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05/13/06-80008-012 50.00

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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: _____

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

Date

Daytime Phone #