

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 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**

DO NOT WRITE IN THIS SPACE



01192007 No Chg-LLC

CR2E083 (11/05)

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**000000609019
02/01/07-80033-008 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
MARTINEZ210, CARLOS
11755 SW 90 ST.,
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 #