


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90369 022 \*\*\*\*50.00

**DOCUMENT # L04000003990**

1. Entity Name  
**CARIBE AT CUTLER COVE 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**

**14013119**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04282005 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number  
**20-2666920**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MURAI, WALD, BIONDO & MORENO, P.A.  
 900 INGRAHAM BLDG  
 25 S.E. 2ND AVE  
 MIAMI, FL 33131**

Name  
**Carlos E. Martinez**

Street Address (P.O. Box Number is Not Acceptable)  
**11755 SW 90 ST #210**

City  
**Miami FL** Zip Code  
**33186**

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, 2005**

**Make check payable to  
 Florida Department of State**


**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

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