


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2006 08:00
Secretary of State

DOCUMENT # L04000010362	
1. Entity Name CARIB-LINK ENTERTAINMENT CONSULTING, LLC	

Principal Place of Business 1813 NORTH DEAN ROAD. SUITE 105 ORLANDO, FL 32817 US	Mailing Address 1813 NORTH DEAN ROAD SUITE 105 ORLANDO, FL 32817 US
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07052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0097007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LAWRENCE, VIOLET 1813 NORTH DEAN RD ORLANDO, FL 32817
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 6, 2006**

000000573894
08/09/06-80001-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWRENCE, VIOLET 10212 RONDELL CT. ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCLEOD, ALICIA 13074 ISLAND BREEZE ORLANDO, FL 32824
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Violet Lawrence* **8/4/2006** **409-482-4200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #