
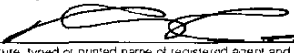


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90091 030 \*\*\*\*50.00

<b>DOCUMENT # L04000038462</b>					
1. Entity Name <b>CARAVERA ENTERPRISES, LLC</b>					
Principal Place of Business <b>345 BLAGDON COURT JACKSONVILLE FL 32225</b>			Mailing Address <b>345 BLAGDON COURT JACKSONVILLE FL 32225</b>		
2. Principal Place of Business <b>1880 Chaffee</b>			3. Mailing Address <b>345 BLAGDON CT</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Jacksonville FL</b>			City & State <b>Jacksonville FL</b>		
Zip <b>32221</b>		Country <b>DUVAL</b>	Zip <b>32225</b>		Country <b>DUVAL</b>
6. Name and Address of Current Registered Agent  <b>MAGLEAN, MARK B -</b> <b>1645 SAN MARCO BLVD.</b> <b>SUITE 1</b> <b>JACKSONVILLE FL 32207</b>			7. Name and Address of New Registered Agent  Name <b>RAY RIVERA</b> Street Address (P.O. Box Number is Not Acceptable) <b>345 BLAGDON CT</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32225</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVERA, RAMON 345 BLAGDON COURT JACKSONVILLE FL 32225 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARABALLO, ULISES 8189 SABAL OAK WAY JACKSONVILLE FL 32256 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 19.07(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:** 

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

Date

Daytime Phone #