2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 05, 2008 8:00 am
Secretary of State
01-28-2008 90074 036 ****50.00
03-05-2008 90205 031 ****88.75

DOCUMENT # L04000054026

1. Entity Name
THE CARIBBEAN CARGO COMPANY, L.L.C.

Principal Place of Business	Mailing Address
7432 115 DRIVE LIVE OAK FL 32060	7432 115 DRIVE LIVE OAK FL 32060

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
The Caribbean Cargo Co LLC		The Caribbean Cargo Co LLC	
Suite, Apt. #, etc. 7432 115th drive		Suite, Apt. #, etc. 7432 115th drive	
City & State Live Oak FL		City & State Live Oak FL	
Zip 32060	Country Suwannee	Zip 32060	Country Suwannee

4. FEI Number 16-1704573 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BIGGERS, JERALD D
7432 115 DRIVE
LIVE OAK FL 32060

7. Name and Address of New Registered Agent

Name Jerald D. Biggers
Street Address (P.O. Box Number is Not Acceptable) 7432 115th drive
City Live Oak FL Zip Code 32060

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 Jerald Biggers 2-28-2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BIGGERS, JERALD D 7432 115 DRIVE LIVE OAK FL 32060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR COLLINS, C.W 12544 BASS RD LIVE OAK FL 32060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jerald Biggers JERALD D. BIGGERS 1/22/08 386.362.7077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #