

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90036 028 ****50.00

DOCUMENT # L04000064794

1. Entity Name
CARIBBEAN DREAM, LLC



Principal Place of Business:
**4458 OCEAN VIEW DRIVE
DESTIN, FL 32541 US**

Mailing Address
**P. O. BOX 7039
DESTIN, FL 32540 US**

DO NOT WRITE IN THIS SPACE



07202006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
80-0119497

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOWD, JOHN R JR
285 HIGHWAY 98 EAST
SUITE A
DESTIN, FL 32541**

**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 September 8, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WALLACE, JERRY
4458 OCEAN VIEW DRIVE
DESTIN, FL 32541**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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

7-20-06

Date

Daytime Phone # _____

JERRY WALLACE