
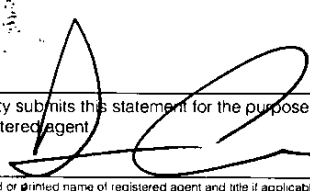
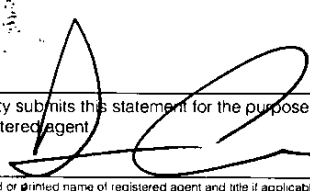
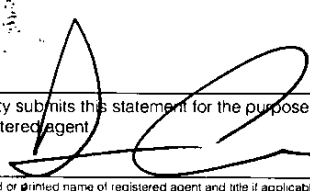
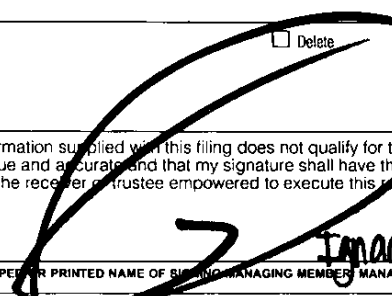


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90010 035 ****50.00

DOCUMENT # L04000069138																										
1. Entity Name CARIBE EDUCATIONAL FACILITY LLC																										
Principal Place of Business C/O ANDREA DOMINGUEZ 6255 BIRD ROAD MIAMI, FL 33155			Mailing Address C/O ANDREA DOMINGUEZ 6255 BIRD ROAD MIAMI, FL 33155																							
2. Principal Place of Business		3. Mailing Address																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																								
City & State		City & State																								
Zip	Country	Zip	Country																							
6. Name and Address of Current Registered Agent DOMINGUEZ, ANDREA 6255 BIRD ROAD MIAMI, FL 33155																										
7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> Name ATRIVM REGISTERED AGENTS, INC. </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVENUE </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> SUITE SUITE 125 </td> </tr> <tr> <td style="padding: 5px;"> City CORAL GABLES </td> <td style="padding: 5px;"> FL </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Zip Code 33146 </td> </tr> </table>						Name ATRIVM REGISTERED AGENTS, INC.		Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVENUE		SUITE SUITE 125		City CORAL GABLES	FL	Zip Code 33146												
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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. <table style="width:100%;"> <tr> <td style="width:40%; vertical-align: bottom;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </td> <td style="width:40%; vertical-align: bottom;"> Vice President 4/25/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width:20%; vertical-align: bottom;"> DATE </td> </tr> </table>						SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Vice President 4/25/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE																		
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Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																								
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																							
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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:  Ignacio G. Zulueta, MGR 4/20/06 (305) 669-2906																										
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																										