
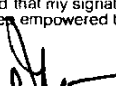


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90054 038 \*\*\*138.75

<b>DOCUMENT # L04000078605</b> 1. Entity Name <b>MEDITERRANEAN CARIBBEAN, LLC</b>			
Principal Place of Business <b>400 5TH AVENUE SOUTH STE. 203 NAPLES, FL 34102</b>		Mailing Address <b>400 5TH AVENUE SOUTH STE. 203 NAPLES, FL 34102</b>	
2. Principal Place of Business - No P.O. Box # <b>4522 Executive Drive</b> Suite, Apt. #, etc. <b>Suite 201</b> City & State <b>Naples, FL.</b> Zip <b>34119</b> Country <b>USA</b>		3. Mailing Address <b>4522 Executive Drive</b> Suite, Apt. #, etc. <b>Suite 201</b> City & State <b>Naples, FL.</b> Zip <b>34119</b> Country <b>USA</b>	
4. FEI Number <b>20-1798226</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02122008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>CREEL, SARAH A 400 5TH AVE SOUTH STE 203 NAPLES, FL 34102</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4522 Executive Drive</b> Suite 201 City <b>Naples</b> <b>FL</b> Zip Code <b>34119</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CLINTON, J.D. 400 FIFTH AVE S SUITE 205 NAPLES, FL 34102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4522 Executive Drive, Suite 201 Naples, FL. 34119</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CREEL, SARAH A 400 FIFTH AVE S. #205 NAPLES, FL 34102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4522 Executive Drive, Suite 201 Naples, FL. 34119</b> <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 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.			
<b>SIGNATURE:</b> 		<b>2/12/08</b> <b>731-760-1863</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	