

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000015969**

1. Entity Name  
**CARIBE CYPRESS RUN LLC**



Principal Place of Business  
**11755 S.W. 90 STREET, SUITE 210  
MIAMI, FL 33173**

Mailing Address  
**11755 S.W. 90 STREET, SUITE 210  
MIAMI, FL 33173**



01182008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2386876**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MARTINEZ, CARLOS E  
11755 SW 90TH ST  
SUITE 210  
MIAMI, FL 33186**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

|                |                            |
|----------------|----------------------------|
| TITLE          | P                          |
| NAME           | MARTINEZ, CARLOS E         |
| STREET ADDRESS | 11755 SW 90TH ST SUITE 210 |
| CITY-ST-ZIP    | MIAMI, FL 33165            |
| TITLE          | VP                         |
| NAME           | MARTINEZ, FERNANDO I       |
| STREET ADDRESS | 11755 SW 90TH ST SUITE 210 |
| CITY-ST-ZIP    | MIAMI, FL 33165            |
| TITLE          | VP                         |
| NAME           | MARTINEZ, PAUL A           |
| STREET ADDRESS | 11755 SW 90TH ST SUITE 210 |
| CITY-ST-ZIP    | MIAMI, FL 33165            |
| TITLE          | VP                         |
| NAME           | MARTINEZ, EMILIO J         |
| STREET ADDRESS | 11755 SW 90TH ST SUITE 210 |
| CITY-ST-ZIP    | MIAMI, FL 33165            |
| TITLE          | S                          |
| NAME           | ARNAIZ, MIREN              |
| STREET ADDRESS | 11755 SW 90TH ST SUITE 210 |
| CITY-ST-ZIP    | MIAMI, FL 33165            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |

U00000825667  
02/21/08-80018-025 138.75

**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

Date

Daytime Phone #