


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90028 013 ****50.00

DOCUMENT # L05000029437	
1. Entity Name CARIBBEAN ATTITUDE, LLC	

Principal Place of Business 4670 LINKS VILLAGE DRIVE, UNIT A 401 PONCE INLET, FL 32127	Mailing Address 4670 LINKS VILLAGE DRIVE, UNIT A 401 PONCE INLET, FL 32127
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01042007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent MARTINEZ, JANET E ESQ. C/O JANET E. MARTINEZ, P.A. 203 EAST RICH AVENUE DELAND, FL 32724		7. Name and Address of New Registered Agent Name JANET E. MARTINEZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 203 East Rich Avenue City DeLand FL Zip Code 32724	
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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.

SIGNATURE By: *Janet E. Martinez*, Janet E. Martinez, Its President 1/30/07
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 May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FINZEL, MARGARET K 4670 LINKS VILLAGE DRIVE, UNIT A-401 PONCE INLET, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Margaret K. Finzel* 1/28/07 386-235-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #