2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000033721

1. Entity Name
CARIBBEAN FUND CARIFUND MANAGEMENT, LLC

ACCOUNTS PAYABLE DEPT
2007 FEB 12 P 3:26
RECEIVED

Principal Place of Business	Mailing Address
220 ALHAMBRA CIRCLE CORAL GABLES, FL	220 ALHAMBRA CIRCLE CORAL GABLES, FL

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

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number: NOT APPLICABLE — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRESIDENTIAL SERVICES INCORPORATED 1217 CAPE CORAL PARKWAY #300 CAPE CORAL, FL 33904	Name: CTC Management Services, LLC Street Address (P.O. Box Number is Not Acceptable): 220 Alhambra Circle, 11th Floor City: Coral Gables FL Zip Code 33134

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] PEDRO R. PARRA Authorized Signature 1-5-2007
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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	TRAMM TRUST		NAME	
STREET ADDRESS	220 ALHAMBRA CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COMMERCEBANK TRUST COMPANY, N.A.		NAME	
STREET ADDRESS	220 ALHAMBRA CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	02/26/07-90309-015-$55.00
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

FILED
2007 MAR 19 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Commercebank Trust Company, N.A. as Manager

SIGNATURE: 1) [signature] 2) [signature] 1/5/07 (305) 441-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

1) Authorized Signature 2) Authorized Signature