

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046028

FILED  
Sep 04, 2006  
Secretary of State

Entity Name: CARIBBEAN ASSOCIATES, LLC.

## Current Principal Place of Business:

1110 EASTDALE STREET  
JACKSONVILLE, FL 32211

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 65501  
ORANGE PARK, FL 32065 US

## New Mailing Address:

3850 UNIVERSITY CLUB BLVD  
JACKSONVILLE, FL 32277 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MELTINORD, VERDIEU  
1110 EASTDALE STREET  
JACKSONVILLE, FL 32211 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LAGUERRE, JONEL  
Address: 1110 EASTDALE STREET  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: MGRM ( ) Delete  
Name: JEAN-PHILIPPE, MONTES  
Address: 2455 RED OAK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: MGRM ( ) Delete  
Name: MELTINORD, VERDIEU  
Address: 1110 EASTDALE STREET  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: MGRM ( ) Delete  
Name: DORLYS, RODRIGUE  
Address: 2203 SW 13TH  
City-St-Zip: CAPE CORAL, FL 33991 US

Title: MGRM ( ) Delete  
Name: AUGUSTIN, MICHEL  
Address: 2841 ROCKOMANT STREET  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM ( ) Delete  
Name: JEAN-LOUIS, JUSNER  
Address: 2203 SW 13TH AVE  
City-St-Zip: CAPE CORAL, FL 32991 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LAGUERRE, JONEL  
Address: 3850 UNIVERSITY CLUB BLVD  
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: ( ) Change ( ) Addition  
Name:  
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Name:  
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City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JONEL LAGUERRE

MGRM

09/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date