## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000046028

Entity Name: CARIBEAN ASSOCIATES, LLC.

CAPE CORAL, FL 32991 US

City-St-Zip:

FILED Sep 01, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1110 EASTDALE STREET JACKSONVILLE, FL 32211 **Current Mailing Address: New Mailing Address:** 3850 UNIVERSITY CLUB BLVD JACKSONVILLE, FL 32277 US FFI 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: Name and Address of New Registered Agent: MELTINORD, VERDIEU 1110 EASTDALE STREET JACKSONVILLE, FL 32211 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LAGUERRE, JONEL Name: Name: 3850 UNIVERSITY CLUB BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition JEAN-PHILIPPE, MONTES Name: Name: Address: 2455 RED OAK DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32211 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MELTINORD, VERDIEU Name: Name: Address: 1110 EASTDALE STREET Address: City-St-Zip: JACKSONVILLE, FL 32211 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: DORLYS, RODRIGUE Name: Address: 2203 SW 13TH Address: City-St-Zip: CAPE CORAL, FL 33991 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition AUGUSTIN, MICHEL Name: Name: 2841 ROCKOMANT STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition JEAN-LOUIS, JUSNER Name: Name: Address: 2203 SW 13TH AVE Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: JONEL LAGUERRE MGRM 09/01/2007