2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2008
Secretary of State

DOCUMENT# L05000046028

Entity Name: CARIBEAN ASSOCIATES, LLC.

Current Principal Place of Business:

1110 EASTDALE STREET
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

3850 UNIVERSITY CLUB BLVD
JACKSONVILLE, FL 32277 US

New Mailing Address:

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:	3850 UNIVERSITY CLUB BLVD	
City-St-Zip:	JACKSONVILLE, FL 32277 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 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 MGR 09/04/2008

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