

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90066 042 ****50.00

DOCUMENT # L05000070902

1. Entity Name
CARIBBEAN NIGHTS LLC.



Principal Place of Business
13603 GLYNSHEL DRIVE
WINTER GARDEN, FL 34787

Mailing Address
13603 GLYNSHEL DRIVE
WINTER GARDEN, FL 34787

60055305



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
87-0750868

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired *NO* \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKS, BRIAN S SR.
13603 GLYNSHEL DRIVE
WINTER GARDEN, FL 34787

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 MGR
NAME MARKS, BRIAN S OWNER ☐ Delete
STREET ADDRESS 13603 GLYNSHEL DRIVE
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Brian S Marks* BRIAN S MARKS 8/28/07 407-230-2582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #