## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**



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

DOCUMENT # L05000070902  1. Entity Name CARIBBEAN NIGHTS LLC.					08-30-2007 90066 042 *****50.00				
Principal Place of Business 13603 GLYNSHEL DRIVE WINTER GARDEN, FL 34787		Mailing Address 13603 GLYNSHEL DRIVE WINTER GARDEN, FL 34787				•.	15 IBIII 68KB IIU	BBA III: IBGS	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302007	Chg-LLC	CR2E08	33 (12/06)		
City & State		City & State		4. FEI Number 87-0750		pa:		plied For t Applicable	
Zip Country		Zip	Country			of Status Desired	NO 1	5.00 Add ee Require	
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	Address of New R	egistered A	gent	
MARKS B	RIANSSR			Name					
MARKS, BRIAN S SR. 13603 GLYNSHEL DRIVE WINTER GARDEN, FL 34787				Street Address (	P.O. Box Number	is Not Acceptable	e)		
				City			FL	Zip Code	В
	named entity submits this statement fo	or the purpose of changing its	registere	ad office or registe	red agent, or both	, in the State of Flo		amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and line if applicable (NOTE	Registered	d Agent signature required	1 when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007									
							e check pa a Departme	•	•
		ERS/MANAGERS	10.				a Departme	•	9
D	ue by May 1, 2007	ERS/MANAGERS	10. TITLE	E		Florida	a Departme	•	Addition
9.	MANAGING MEMBE MGR MARKS, BRIAN S OWNER	_ `	TITLE NAMI	Ε		Florida	a Departme	ent of State	
9. 1ITLE	ue by May 1, 2007  MANAGING MEMBE MGR	_ `	TITLE NAMI STRE			Florida	a Departme	ent of State	
9.  1ITLE NAME STREET ADDRESS	MANAGING MEMBE MGR MARKS, BRIAN S OWNER 13603 GLYNSHEL DRIVE	_ `	TITLE NAMI STRE	E EET ADORESS -ST-ZIP		Florida	a Departme	ent of State	
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I nereby certify that the information supplied with his liting does not qualify for the exemptions contained in chapter 19, Fortion statutes. Further certify that it is middled 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. Marko BRIAN-5: MARKS 8/28/07/407-230-2582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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