2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006
Secretary of State

DOCUMENT# L05000072794

Entity Name: CARIBBEAN FAMILY ENTERPRISE, LLC

Current Principal Place of Business:

5811 NW ROSE PETAL CT.
PORT ST. LUCI, FL 34986

New Principal Place of Business:

Current Mailing Address:

5811 NW ROSE PETAL CT.
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 86-1145104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRICKEL, JILL H CPA
6001 BROKEN SOUND PKWY NW
SUITE 406
BOCA RATON, FL 33487 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: TIMMER, GARY L
Address: 815 MONTCLAIRE CT.
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: MGRM ( ) Delete
Name: PROPHETE, JOSEPH
Address: 5811 NW ROSE PETAL CT.
City-St-Zip: PORT ST. LUCIE, FL 34986 US

ADDITIONS/CHANGES:

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 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: GARY TIMMER MGRM 02/09/2006

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