

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90029 024 ****50.00

DOCUMENT # L05000075497

1. Entity Name

CARIBBEAN 1805, LLC



Principal Place of Business

2425 SOUTH ATLANTIC AVENUE, #1805
DAYTONA BEACH FL 32118

Mailing Address

2425 SOUTH ATLANTIC AVENUE, #1805
DAYTONA BEACH FL 32118



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

59-0934591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMRICK, ALEX H
1000 LEGION PLACE, SUITE 1700
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Richardson, Mary Ann

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

2425 So. Atlantic Ave #1907

City

Daytona Beach, FL

Zip Code

32118

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

Mary Ann Richardson

(Mary Ann Richardson)

4/24/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME P
STREET ADDRESS Richardson, Mary Ann
CITY-ST-ZIP 2425 So. Atlantic Ave #1907
Daytona Beach, FL 32118

TITLE ☐ Delete
NAME VP
STREET ADDRESS Richardson, W.A.
CITY-ST-ZIP 982 Lower Brownsville Rd
Jackson, TN 38301

TITLE ☐ Delete
NAME VP
STREET ADDRESS Richardson, Leanne
CITY-ST-ZIP 982 Lower Brownsville Rd
Jackson, TN 38301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Mary Ann Richardson

4/24/06

(386) 252-9083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #