

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077878

Entity Name: CLUB CARIBE ASSOCIATES, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

1605 BAY ROAD STE 401
MIAMI BEACH, FL 33139

New Principal Place of Business:

1804 SHERMAN STREET
HOLLYWOOD, FL 33020

Current Mailing Address:

1605 BAY ROAD STE 401
MIAMI BEACH, FL 33139

New Mailing Address:

1804 SHERMAN STREET
HOLLYWOOD, FL 33020

FEI Number: 20-3272297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELAND, RUSSIN, HELLINGER & BUDWICK, P.A.
3000 WACHOVIA FINANCIAL CENTER
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

TRUSTEE & RECEIVER SERVICE COMPANY, LLC
2699 STIRLING RD.
A-201
FT. LAUDERDALE, FL 33312 US

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: CHAPMAN SMITH, ESQ.

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MM () Delete
Name: WOLFARTH, ROBERT MM
Address: 1605 BAY ROAD #401
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: MARIKA TOLZ, RECEIVER
Address: 1804 SHERMAN STREET
City-St-Zip: HOLLYWOOD, FL 33020

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: MARIKA TOLZ, RECEIVER

MGRM

04/27/2009

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