


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90041 019 *****50.00

DOCUMENT # L05000082391 1. Entity Name INTERCARIBBEAN ENTERPRISES, LLC					
Principal Place of Business 5565 SCHENCK AVENUE STE. 12, APT. 1 ROCKLEDGE, FL 32955 US			Mailing Address 5565 SCHENCK AVENUE STE. 12, APT. 1 ROCKLEDGE, FL 32955 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07252006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 06-1754550				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNOZ, LUIS S 5565 SHENCK AVENUE STE. 12, APT. 1 ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUNOZ, LUIS S 5565 SHENCK AVENUE, STE. 12, APT. 1 ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				Daytime Phone #	