2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L05000084595

Entity Name: CARIBBEAN COVE PROPERTIES, LLC

Current Principal Place of Business:

12950 SW 107 TERRACE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12950 SW 107 TERRACE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-3379100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARVESN & ASSOCIATES, PLLC
201 ALHAMBRA CIRCLE,STE 502
CORAL GABLES, FL 33034 US

Name and Address of New Registered Agent:

ARVESU & ASSOCIATES, LLC
201 ALHAMBRA CIRCLE,STE 502
CORAL GABLES, FL 33034 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: ENY ALFONSO 01/04/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	ALFONSO, ENIVALDO	
Address:	12950 SW 107 TERRACE	
City-St-Zip:	MIAMI, FL 33186	
Title:	MGR	( ) Delete
Name:	FIGUEREDO, HECTOR	
Address:	12950 SW 107 TERRACE	
City-St-Zip:	MIAMI, FL 33186	
Title:	MGR	( ) Delete
Name:	ALFONSO, MADELIN	
Address:	12950 SW 107 TERRACE	
City-St-Zip:	MIAMI, FL 33186	
Title:	MGR	( ) Delete
Name:	FIGUEREDO, MARIA E	
Address:	12950 SW 107 TERRACE	
City-St-Zip:	MIAMI, FL 33186	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ENY ALFONSO MGR 01/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date