
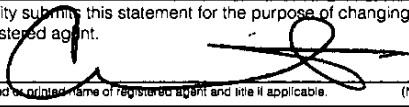
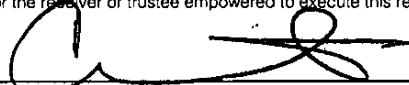


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90046 033 ****50.00

DOCUMENT # L05000121097 1. Entity Name CARIBE BIMINI LLC					
Principal Place of Business 11755 SW 90TH STREET 210 MIAMI, FL 33186 US			Mailing Address 11755 SW 90TH STREET 210 MIAMI, FL 33186 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MURAI WALD BIONDO MORENO & BROCHIN, P.A. TWO ALHAMBRA PLAZA PENTHOUSE 1B CORAL GABLES, FL 33134			Name Martinez, Carlos E Street Address (P.O. Box Number is Not Acceptable) 11755 SW 90 Street # 210 City Miami FL Zip Code 33186		
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 4/21/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			P Martinez, Carlos E 11755 SW 90 Street, # 210 Miami, FL 33186		
			VP Martinez, Raul A 11755 SW 90 Street # 210 Miami, FL 33186		
			VP Martinez, Emilio J 11755 SW 90 Street # 210 Miami, FL 33186		
			AS Martinez, Fernando I 11755 SW 90 Street # 210 Miami, FL 33186		
			S Arraiz, Miren 11755 SW 90 St, # 210 Miami, FL 33186		
				<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: 			Date 4/21/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		