

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024999

FILED
Apr 20, 2009
Secretary of State

Entity Name: CARIB10 INVESTMENT GROUP LLC

Current Principal Place of Business:

1839 SW 102 WAY
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

1839 SW 102 WAY
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 84-1704569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS NEWNHAM, MARGARET
1839 SW 102 WAY
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: BARRY, ZACHARY
Address: 1839 SW 102 WAY
City-St-Zip: MIRAMAR, FL 33025

Title: VP () Delete
Name: MARIO, TOULON
Address: 1839 SW 102 WAY
City-St-Zip: MIRAMAR, FL 33025

Title: T () Delete
Name: DAWN, CAMPBELL
Address: 1839 SW 102 WAY
City-St-Zip: MIRAMAR, FL 33025

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

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: S () Change (X) Addition
Name: WELLS NEWNHAM, MARGARET
Address: 1839 SW 102 WAY
City-St-Zip: MIRAMAR, FL 33025

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: DAWN CAMPBELL

T

04/20/2009

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