


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

07-17-2007 90007 010 \*\*\*\*50.00

<b>DOCUMENT # L06000043680</b> 1. Entity Name <b>CARIBE BUS LLC</b>			
Principal Place of Business <b>4411 WISHART BLVD. TAMPA, FL 33603</b>		Mailing Address <b>4411 WISHART BLVD. TAMPA, FL 33603</b>	
2. Principal Place of Business No. P.O. Box # <b>0821 W. Hillsborough Ave.</b>		3. Mailing Address <b>0821 W. Hillsborough Ave.</b>	
Suite, Apt., #, etc. <b>Suite 4</b>		Suite, Apt., #, etc. <b>Suite 4</b>	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>	
Zip <b>33634</b>		Zip <b>33634</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>HERNANDEZ, MANUEL E SR. 4411 WISHART BLVD. TAMPA, FL 33603</b>		7. Name and Address of New Registered Agent Name <b>Juliet Reyes-Lopez</b> Street Address (P.O. Box Number is not acceptable) <b>0821 W. Hillsborough Ave.</b> <b>Suite 4</b> City <b>Tampa</b> <b>FL</b> <b>33634</b>	
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 <b>Juref</b> DATE <b>7-8-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE	MGR	TITLE	MGR
NAME	FERNANDEZ, RAMON SR.	NAME	<b>Edilso Machado</b>
STREET ADDRESS	4411 WISHART BLVD.	STREET ADDRESS	<b>0821 W. Hillsborough Ave. Suite 4</b>
CITY-ST-ZIP	TAMPA, FL 33603	CITY-ST-ZIP	<b>Tampa, FL 33634</b>
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM	TITLE	<b>MGRM</b>
NAME	HERNANDEZ, MANUEL E SR.	NAME	<b>Juliet Reyes-Lopez</b>
STREET ADDRESS	4411 WISHART BLVD.	STREET ADDRESS	<b>0821 W. Hillsborough Ave. Suite 4</b>
CITY-ST-ZIP	TAMPA, FL 33603	CITY-ST-ZIP	<b>Tampa, FL 33634</b>
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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: <b>Juref</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: <b>7-8-07</b> DAYTIME PHONE: <b>813-880-0210</b> <small>Date Daytime Phone #</small>	