2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000059311

1. Entity Name CAYE PROPERTIES, LLC



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Principal Place of Business

Mailing Address

10151 ENTERPRISE CENTER BLVD. BOYNTON BEACH, FL 33437 7528 CHESTER TERRACE BOCA RATON, FL 33433 FILED
Mar 10, 2008 08:00 AN
Secretary of State



02052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 02-0785034

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIR, GUY M ESQ. 1800 N.W. CORPORATE BLVD. SUITE 102 BOCA RATON, FL 33430

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	■
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBIN, STUART A DR. 10151 ENTERPRISE CENTER BLVD. BOYNTON BEACH, FL 33437	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUBIN, HINDY E 10151 ENTERPRISE CENTER BLVD. BOYNTON BEACH, FL 33437	03/26/08-8U88-U23-138:75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #