

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063657

Entity Name: 302 CARIBBEAN, LLC

FILED
Jan 28, 2008
Secretary of State

Current Principal Place of Business:

625 NORTH FLAGLER DRIVE
SUITE 675
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

625 NORTH FLAGLER DRIVE
SUITE 675
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

625 NORTH FLAGLER DRIVE
SUITE 501
WEST PALM BEACH, FL 33401 US

New Mailing Address:

625 NORTH FLAGLER DRIVE
SUITE 501
WEST PALM BEACH, FL 33401 US

FEI Number: 20-5135507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLI, DIANE G
625 NORTH FLAGLER DRIVE
SUITE 675
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

POLI, DIANE G
625 NORTH FLAGLER DRIVE
SUITE 501
WEST PALM BEACH, FL 33401 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:

01/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WITTMANN, PAUL
Address: 625 NORTH FLAGLER DRIVE, SUITE 675
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGR () Delete
Name: POLI, DIANE G
Address: 625 NORTH FLAGLER DRIVE, SUITE 675
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGR () Delete
Name: FAILING, BRUCE
Address: 221 EL BRAVO WAY
City-St-Zip: PALM BEACH, FL 33480 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WITTMANN, PAUL
Address: 625 NORTH FLAGLER DRIVE, SUITE 501
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGR (X) Change () Addition
Name: POLI, DIANE G
Address: 625 NORTH FLAGLER DRIVE, SUITE 501
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DIANE GIBBS POLI

MS

01/28/2008

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