

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

11 **Apr 10, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90150 007 \*\*\*\*50.00

<b>DOCUMENT # L06000085724</b> 1. Entity Name <b>CARIBE SUNSHADOW INVESTMENT LLC</b>					
Principal Place of Business <b>11755 S.W. 90TH STREET SUITE 210 MIAMI, FL 33186 US</b>			Mailing Address <b>11755 S.W. 90TH STREET SUITE 210 MIAMI, FL 33186 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-8523822</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MURAI WALD BIONDO MORENO &amp; BROCHIN P.A. TWO ALHAMBRA PLAZA PENTHOUSE 1B CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>Carlos E. Martinez</b> Street Address (P.O. Box Number is Not Acceptable) <b>11755 SW 90 Street #210</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33186</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 <small>Signature, typed or printed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>1/20/07</b>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTINEZ, CARLOS E 11755 S.W. 90TH STREET SUITE 210 MIAMI, FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 <b>1/20/07</b>		DAYTIME PHONE # <b>3052731303</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					