2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

DOCUMENT # L06000122086 1. Entity Name **CARIB LLC** 2008 OCT -3 P 1:58 Principal Place of Business Mailing Address 20670 NORTH MIAMI AVENUE 20670 NORTH MIAMI AVENUE MIAMI, FL 33169 MIAMI, FL 33169 09232008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-8102603 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAWRENCE, GERTRUDE DO NOT WRITE 20670 NORTH MIAMI AVENUE MIAMI, FL 33169 IN THIS SPACE 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 (NOTE: Recistered Agent signature required when re-FILE NOW!!! FEE 18 \$538.75 Due by September 12, 2008 9. MANAGING MEMBERS/MANAGERS TITLE MGR LAWRENCE, GERTRUDE MASSE STREET ADDRESS 20670 NORTH MIAMI AVENUE CITY-ST-ZIP MIAMI, FL 33169 400136469774 09/30/08--01013--004 **138,75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TEMSTATEMENT 08 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.