FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90588 017 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001150

1. Entity Name
PLAZA CARIBE, L.C.

30067334

Principal Place of Business	Mailing Address
~~111 SOUTH 3RD STREET~~ ~~FLAGLER BEACH, FL 32136~~	~~P.O. BOX 480~~ FLAGLER BEACH, FL 32136

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
301 South Central Ave	301 South Central Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Flagler Beach
City & State: Flagler Beach FL	City & State: Flagler Beach FL
Zip: 32136 Country: USA	Zip: 32136 Country: USA

4. FEI Number: 59-3522283 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~SHEEHAN, MARGARET~~ ~~111 SOUTH 3RD STREET~~ FLAGLER BEACH, FL 32136	Name: Thomas P. Sheehan Street Address (P.O. Box Number is Not Acceptable) 301 South Central Ave City: Flagler Beach FL Zip Code: 32136

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: Thomas P. Sheehan
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
DUE By May 1st 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SHEEHAN, MARGARET 111 SOUTH 3RD STREET FLAGLER BEACH, FL 32136	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SHEEHAN, THOMAS P 111 SOUTH 3RD STREET FLAGLER BEACH, FL 32136	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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SIGNATURE: Thomas P. Sheehan 4/30/03 439-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #