

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90037 040 ****50.00

DOCUMENT # M03000000964

1. Entity Name
CARIBBEAN PROPERTY SERVICES LLC



Principal Place of Business
**C/O HWI STRUCTURES, LLC
1120 AVENUE OF THE AMERICAS, 4TH FLOOR
NEW YORK, NY 10036**

Mailing Address
**C/O HWI STRUCTURES, LLC
1120 AVENUE OF THE AMERICAS, 4TH FLOOR
NEW YORK, NY 10036**



2. Principal Place of Business
3900 Woodlake Blvd.

3. Mailing Address
3900 Woodlake Blvd.

Suite, Apt. #, etc.
Suite 307

Suite, Apt. #, etc.
Suite 307

04202004 Chg-LLC CR2E083 (10/03)

City & State
Lake Worth, Florida

City & State
Lake Worth, Florida

4. FEI Number
134245753

Applied For
☐ Not Applicable

Zip
33403

Country
USA

Zip
33403

Country
USA

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

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES
9200 SOUTH DADELAND BOULEVARD, SUITE 508
MIAMI, FL 33151**

7. Name and Address of New Registered Agent

Name **Stanley R. Zippin**
Street Address (P.O. Box Number is Not Acceptable)
3900 Woodlake Blvd.
Suite 307
City **Lake Worth** **FL** Zip Code **33403**

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 block if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BREEMAN, BARRY**
STREET ADDRESS **1120 AVENUE OF THE AMERICAS, 4TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE **MGR** ☐ Delete
NAME **LIPSCHUTZ, MARK**
STREET ADDRESS **1114 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE **MGR** ☐ Delete
NAME **MANSBACH, PETER**
STREET ADDRESS **1114 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE **MGR** ☐ Delete
NAME **LEFKOWITZ, MICHAEL**
STREET ADDRESS **1120 AVENUE OF THE AMERICAS, 4TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE **MGR** ☒ Delete
NAME **DAVIS, MARK**
STREET ADDRESS **252 PONCE DE LEON AVENUE, SUITE 601**
CITY-ST-ZIP **SAN JUAN, PR 00918**

TITLE **MGR** ☒ Delete
NAME **GREENE, MARK**
STREET ADDRESS **725 WEST MAIN AVENUE, SUITE 600**
CITY-ST-ZIP **BAYAMON, PR 00961**

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **Stanley R. Zippin**
STREET ADDRESS **3900 Woodlake Blvd., Suite 307**
CITY-ST-ZIP **Lake Worth, FL - 33403**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

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

Date

Daytime Phone #

4-20-04

561-963-8400