


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000000964</b> 1. Entity Name <b>CARIBBEAN PROPERTY SERVICES LLC</b>	
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Principal Place of Business <b>3900 WOODLAKE BLVD SUITE 307 LAKE WORTH, FL 33463</b>	Mailing Address <b>3900 WOODLAKE BLVD SUITE 307 LAKE WORTH, FL 33463</b>
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**DO NOT WRITE IN THIS SPACE**



02182005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>13-4245753</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ZIPPIN, STANLEY R  
3900 WOODLAKE BLVD  
SUITE 307  
LAKE WORTH, FL 33463**

**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

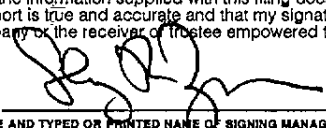
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BREEMAN, BARRY 1120 AVENUE OF THE AMERICAS, 4TH FLOOR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIPSCHUTZ, MARK 1114 AVENUE OF THE AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANSBACH, PETER 1114 AVENUE OF THE AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEFKOWITZ, MICHAEL 1120 AVENUE OF THE AMERICAS, 4TH FLOOR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZIPPIN, STANLEY R 3900 WOODLAKE BLVD., SUITE 307 LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000267165  
03/17/05-80058-012 50.00

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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:**  **2/11/05** **501-913-8400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #