



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90128 016 ****50.00

DOCUMENT # M03000000964					
1. Entity Name CARIBBEAN PROPERTY SERVICES LLC					
Principal Place of Business 3900 WOODLAKE BLVD SUITE 307 LAKE WORTH, FL 33463			Mailing Address 3900 WOODLAKE BLVD SUITE 307 LAKE WORTH, FL 33463		
2. Principal Place of Business 5589 Okeechobee Blvd		3. Mailing Address 5589 Okeechobee Blvd		 07192006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201			
City & State West Palm Beach FL		City & State West Palm Beach FL			
Zip Country 33417 USA		Zip Country 33417 USA			
4. FEI Number 13-4245753				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent ZIPPIN, STANLEY R 3900 WOODLAKE BLVD SUITE 307 LAKE WORTH, FL 33463			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5589 Okeechobee Blvd Suite 201 City West Palm Beach FL Zip Code 33417		
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: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BREEMAN, BARRY 1120 AVENUE OF THE AMERICAS, 4TH FLOOR NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1114 Avenue of the Americas, 45th Floor New York, NY 10036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIPSCHUTZ, MARK 1114 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANSBACH, PETER 1114 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEFKOWITZ, MICHAEL 1120 AVENUE OF THE AMERICAS, 4TH FLOOR NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1114 Avenue of the Americas, 45th 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5589 Okeechobee Blvd, Suite 201 West Palm Beach FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	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 606, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					