

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # M03000000964 1. Entity Name CARIBBEAN PROPERTY SERVICES LLC	
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Principal Place of Business 5589 OKEECHOBEE BLVD SUITE 201 WEST PALM BEACH, FL 33417	Mailing Address 5589 OKEECHOBEE BLVD SUITE 201 WEST PALM BEACH, FL 33417
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DO NOT WRITE IN THIS SPACE



07032007 No Chg-LLC CR2E083 (11/05)

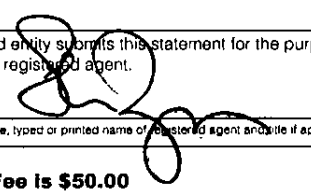
4. FEI Number 13-4245753	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZIPPIN, STANLEY R
5589 OKEECHOBEE BLVD
SUITE 201
WEST PALM BEACH, FL 33417**

**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  DATE _____

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

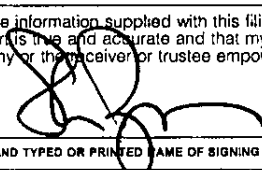
**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BREEMAN, BARRY 1114 AVE 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
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 1114 AVE OF THE AMERICAS 45TH FLOOR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZIPPIN, STANLEY R 5589 OKEECHOBEE BLVD SUITE 201 WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/24/07-800006-020 50.00

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.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #