

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M04000000043

Entity Name: CARIBBEAN PROPERTIES, LLC

**FILED**  
**Oct 28, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

333 MEADOWLAND PKWY  
STE 5  
SECAUCUS, NJ 07094

**New Principal Place of Business:**

333 MEADOWLAND PKWY  
5TH FLOOR ARROWPAC  
SECAUCUS, NJ 07094

**Current Mailing Address:**

333 MEADOWLAND PKWY  
STE 5  
SECAUCUS, NJ 07094

**New Mailing Address:**

333 MEADOWLAND PKWY  
5TH FLOOR ARROWPAC  
SECAUCUS, NJ 07094

FEI Number: 65-1177923      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SCARNATY, MICHAEL R  
7429 NW 48TH STREET  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: MICHAEL R. SCARNATY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KENNEY, WALTER J  
Address: 333 MEADOWLAND PKWY, STE 5  
City-St-Zip: SECAUCUS, NJ 07094

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KENNEY, WALTER J  
Address: 333 MEADOWLAND PKWY, 5TH FL  
City-St-Zip: SECAUCUS, NJ 07094

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WALTER J. KENNEY

MGRM

10/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date