


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
07 JAN 24 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M05000001124</b> 1. Entity Name <b>CARIBBEAN GROUP OWNER, LLC</b>					
Principal Place of Business <b>119 VICTOR HEIGHTS PARKWAY VICTOR, NY 14564</b>			Mailing Address <b>119 VICTOR HEIGHTS PARKWAY VICTOR, NY 14564</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01192007 REIN-LLC CR2E101 (1/07)	
4. FEI Number <b>43-2075617</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			<b>JAMES M. NEWSOME</b> Special Assistant Secretary DATE <b>1/23/07</b>		
<b>FILE NOW!!! FEE IS \$100.00</b>			In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTN, DAVID 119 VICTOR HEIGHTS PARKWAY VICTOR, NY 14564		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRISTA, DAVID	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>REINSTATEMENT 2006-2007</b>					
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.					
<b>SIGNATURE:</b>				<b>585-987-2856</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>Nickolas Scallone, Authorized Representative</b>					

M05000001124

CARIBBEAN GROUP OWNER, LLC  
119 Victor Heights Parkway  
Victor, New York 14564

January 22, 2007

FILED  
07 JAN 24 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Reinstatement of Caribbean Group Owner, LLC  
Document Number M05000001124



Dear Sir/Madam:

Attached is the original 2007 Limited Liability Company Reinstatement form, necessary to reinstate Caribbean Group Owner, LLC on the records of the Florida Department of State.

We hereby request that the reinstatement fee be waived for the reason that the referenced company never received the 2006 annual report to file with the Department of State, thus resulting in the company's revocation.

Thank you for your consideration of this request.

Very truly yours,

CARIBBEAN GROUP OWNER, LLC



David Christa  
Manager