


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M97000000706</b> 1. Entity Name <b>CARIBBEAN MANAGEMENT (DE), L.L.C.</b>	
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Principal Place of Business <b>9012 NW 106TH ST MEDLEY, FL 33178</b>	Mailing Address <b>PO BOX 7608 SAN ANTONIO, TX 78207</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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07142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>65-0788091</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by September 8, 2004**

U000000168427  
07/26/04-80013-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALOMON, WILLIAM M 1011 NORTH FRIO ST SAN ANTONIO, TX 78207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PGP WEINER, BRIAN L 1011 NORTH FRIO ST SAN ANTONIO, TX 78207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDP HUNDLEY, JOHN E 1011 NORTH FRIO ST SAN ANTONIO, TX 78207
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** *John E. Hundley*  
*Sec of General Partner of Sase member*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/15/04

Date

(210) 226-6820

Daytime Phone