

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M97000000706

1. Entity Name
CARIBBEAN MANAGEMENT (DE), L.L.C.



Principal Place of Business

**9012 NW 106TH ST
MEDLEY, FL 33178**

Mailing Address

**PO BOX 7608
SAN ANTONIO, TX 78207**



04072005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0788091

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

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**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
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)(f), 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

4-7-05

Date

(210) 226-6820

Daytime Phone #