

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M97000000706

**FILED**  
**Aug 29, 2008**  
**Secretary of State**

**Entity Name:** CARIBBEAN MANAGEMENT (DE), L.L.C.

**Current Principal Place of Business:**

9012 NW 106TH ST  
MEDLEY, FL 33178

**New Principal Place of Business:**

8167 NW 84TH STREET  
MEDLEY, FL 33166

**Current Mailing Address:**

PO BOX 7608  
SAN ANTONIO, TX 78207

**New Mailing Address:**

**FEI Number:** 65-0788091

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SALOMON, WILLIAM M  
Address: 1011 NORTH FRIO ST, 2ND FLOOR  
City-St-Zip: SAN ANTONIO, TX 78207

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM M SALOMON

MGR

08/29/2008

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