
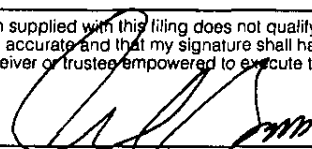


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2008 08:00 A
Secretary of State

DOCUMENT # L02000028317					
1. Entity Name PALOSEAN, LLC					
Principal Place of Business 777 EAST 25TH STREET, STE. 306 HIALEAH, FL 33013			Mailing Address 777 EAST 25TH STREET, STE. 306 HIALEAH, FL 33013		
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	02012008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 83-0340227				Applied For Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUEZ, JOSE A ESQ 150 ALHAMBRA CIRCLE, STE. 1270 CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOUZA, MANUEL 777 EAST 25TH STREET, STE. 306 HIALEAH, FL 33013	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000947465 03/19/08-80020-013 143.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOUZA, MARIETTA 777 EAST 25TH STREET, STE. 306 HIALEAH, FL 33013	<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
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
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.					
SIGNATURE: 				(02/07/08) (305)696-0331	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	