


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED

05 MAR 10 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000053670	
1. Entity Name PALOMA 2322, LLC	

Principal Place of Business 301 COSTANERA ROAD CORAL GABLES, FL 33143	Mailing Address 1001 BRICKELL BAY DRIVE 27TH FLOOR MIAMI, FL 33131
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2. Principal Place of Business 104 PALOMA AVENUE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State CORAL GABLES, FL.	City & State
Zip 33143	Country U.S.A.



02242005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent TAMER, ANTHONY A <del>301 COSTANERA ROAD</del> CORAL GABLES, FL 33143	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 104 PALOMA AVENUE City CORAL GABLES FL Zip Code 33143	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAMER, ANTHONY A 301 COSTANERA ROAD CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAMER, ANTHONY A 104 PALOMA AVENUE CORAL GABLES, FL. 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAMER, SANRDA J 301 COSTANERA ROAD CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAMER, SANDRA J 104 PALOMA AVENUE CORAL GABLES, FL. 33143 <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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date: 3/04/05 Daytime Phone #: 305-379-2322