


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000049448	
1. Entity Name PUERTA DE PALMAS 302 LLC	

Principal Place of Business 7668 NW 116 AVE DORAL, FL 33178	Mailing Address 7668 NW 116 AVE DORAL, FL 33178
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DO NOT WRITE IN THIS SPACE



02192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1872350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, NELSON J
 11271 NW 75TH LN
 DORAL, FL 33178

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, NELSON J 7668 NW 116 AVE DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, OLIMPIADES E 7668 NW 116 AVE DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, FRANCISCO J 7668 NW 116 AVE DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSSA, ALVARO M 7668 NW 116 AVE DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/02/07-80005-019 50.00

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: Nelson Sanchez Mendoza Date: 02/17/07 Daytime Phone #: 305-302-7877

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