FILED
May 06, 2005 8:00 am
Secretary of State
03-22-2005 90182 006 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000054252

1. Entity Name
SIN FIN HOMES AT PALMETTO BAY, L.L.C.

Principal Place of Business
15715 S. DIXIE HWY SUITE311
MIAMI, FL 33157

Mailing Address
15715 S. DIXIE HWY SUITE311
MIAMI, FL 33157

30005672

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122005 Chg-LLC CR2E083 (10/03)

4. FEI Number 900190471 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAMIREZ, MANUEL A
1200 BRICKELL AVE.
SUITE 1440
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: ARMANDO SOMARRIVA

Street Address (P.O. Box Number is Not Acceptable): 12805 SW 84 AVE RD

City: MIAMI FL Zip Code: 33156

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] 3-18-05

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SINFIN HOMES & INVESTMENTS INC 15715 S. DIXIE HWY SUITE311 MIAMI, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 3-18-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #