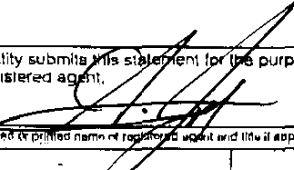
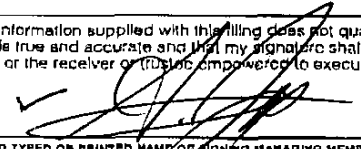


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90078 014 ****50.00

**2006 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	
2. Principal Place of Business 12805 SW 84 AVE/RD Suite, Apt. #, etc. SUITE # 201		3. Mailing Address 12805 SW 84 AVE/RD Suite, Apt. #, etc. # 201	
City & State MIAMI FLA.		City & State MIAMI, FL.	
Zip 33156	Country DADE	Zip 33156	Country DADE
4. FEI Number 90-0190471		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent TAMARAN, ARMANDO 12805 SW 84 NE RD MIAMI, FL 33156		7. Name and Address of New Registered Agent Name JOMARRON, ARMANDO Street Address (P.O. Box Number is Not Acceptable) 12805 SW 84 AVE/RD # 201 City MIAMI, FL. 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  (NOTE: Registered Agent signature required when re-stating)			
Filing Fee is \$50.00 Due by May 1, 2006		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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		4/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBERS, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	