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

04272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
12805 SW 84 AVE/RD	12805 SW 84 AVE/RD
Suite, Apt. #, etc.: SUITE # 201	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

6. 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 ______________________
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, 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
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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 MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #