

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054252

FILED
Aug 19, 2008
Secretary of State

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

Current Principal Place of Business:

12805 SW 84 AVE/RD
STE 201
MIAMI, FL 33156

New Principal Place of Business:

17321 SW 93 AVE
PALMETTO BAY, FL 33157

Current Mailing Address:

12805 SW 84 AVE/RD
STE 201
MIAMI, FL 33156

New Mailing Address:

17321 SW 93 AVE
PALMETTO BAY, FL 33157

FEI Number: 90-0190471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOMARRON, ARMANDO A
12805 SW 84 AVE/RD
STE 201
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

JOMARRON, ARMANDO A
17321 SW 93 AVE
PALMETTO BAY, FL 33157 US

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.

SIGNATURE: ARMANDO A. JOMARRON

08/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SINFIN HOMES & INVES, TMENTS INC
Address: 15715 S. DIXIE HWY SUITE311
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SINFIN HOMES & INVES, TMENTS INC
Address: 17321 SW 93 AVE
City-St-Zip: PALMETTO BAY, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARMANDO A. JOMARRON

MGRM

08/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date