


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

17

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90132 047 \*\*\*\*50.00

<b>DOCUMENT # L05000089833</b>					
<b>1. Entity Name</b> PALOMA CONVERSION, LLC					
<b>Principal Place of Business</b> 5835 BLUE LAGOON DRIVE STE 302 MIAMI, FL 33126			<b>Mailing Address</b> 5835 BLUE LAGOON DRIVE STE 302 MIAMI, FL 33126		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01062006 Chg-LLC CR2E083 (11/05)	
<b>4. FEI Number</b> 20-345070-1				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BALOYRA, JOSE 300 GROVE PROFESSIONAL BUILDING 2950 SW 27TH AVENUE MIAMI, FL 33133				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> SIGNATURE <u>Jose Baldura Esq.</u>					
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MEDEROS, JORGE 5835 BLUE LAGOON DRIVE STE 302 MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Jose C. Mederos</u>				Date <u>1/13/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



ATTACHMENT

30000854

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

PALOMA CONVERSION, LLC  
5835 BLUE LAGOON DRIVE STE 302  
MIAMI, FL 33126

Subject: PALOMA CONVERSION, LLC

Reference Number:

L05000089833

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION