

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 MAY -4 PM 3:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04252006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000114416 1. Entity Name CONDO CONVERSIONS OF AMERICA LLC					
Principal Place of Business 5040 N.W. 7TH STREET SUITE 710 MIAMI, FL 33126			Mailing Address 5040 N.W. 7TH STREET SUITE 710 MIAMI, FL 33126		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number APPLIED FOR				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
POSSE, ARMANDO 5040 N.W. 7TH STREET SUITE 710 MIAMI, FL 33126				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 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 GOMEZ, RAFAEL 5040 N.W. 7TH STREET, STE 710 MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100075384561 05/26/06--01061--001 **1361.25
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
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: RAFAEL GOMEZ 4/28/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					