


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90561 012 ****50.00

DOCUMENT # L01000015046.
 1. Entity Name
 PARADISE FOUND I, LLC



Principal Place of Business Mailing Address
 8937 CYPRESS PRESERVE PLACE 8937 CYPRESS PRESERVE PLACE
 FORT MYERS FL 33912 FORT MYERS FL 33912

24051503



MOORE CR2E083 (11/03)

2. Principal Place of Business 3. Mailing Address
 8937 CYPRESS PRES. PL. (SAME)
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 FT. MYERS, FL. "

4. FEI Number 65-1138595 Applied For Not Applicable

Zip Country Zip Country
 33912 LEE "

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ADLER, GERALD F
 8937 CYPRESS PRESERVE PLACE
 FORT MYERS FL 33912

7. Name and Address of New Registered Agent
 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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADLER, GERALD F 8937 CYPRESS PRESERVE PLACE FORT MYERS FL 33912 <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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gerald F. Adler* 3/24/04 239-225-7977
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #