2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000015046

1. Entity Name
PARADISE FOUND I, LLC

-Jul 10, 2007 08:00 AM Secretary of State

FILED

Principal Place of Business

8937 CYPRESS PRESERVE PLACE FORT MYERS, FL 33912

Mailing Address

8937 CYPRESS PRESERVE PLACE FORT MYERS, FL 33912



DO NOT WRITE IN THIS SPACE

07062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1138595 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

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|--|---|--|-------------------------------------|--|-------------------------------|----------|
| | named entity submits this statement for the purpose of changlons of registered agent. | ging its registere | d office or registered agent, or be | oth, in the State of Flor | rida. I am famillar with, and | i accept |
| SIGNATURE | | (NOTE, Registered Agent signature required when reinstating) | | | DATE | <u></u> |
| Fil Due t | ling Fee is \$50.00 by September 14, 2007 | | | * | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ADLER, GERALD F 8937 CYPRESS PRESERVE PLACE FORT MYERS, FL 33912 | | | U00000767697 07/10/07-80014-025 50.00 | | |
| TITLE - NAME STREET ADDRESS CITY-ST-ZIP | | | | 01/10/0; 0 | 0014 053 30.00 | , |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | DO | NOT W | RITE | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | IN | THIS SP | ACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE | | | | | | |

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ignature and typed or printed name of signing managing member, or authorized representative

7/6/07

(239) 225-7917

Daytime Phone *