




**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90034 043 ***138.75

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DOCUMENT # L04000057082				
1. Entity Name PINE ISLAND PARADISE INVESTMENTS, LLC				
Principal Place of Business 2307 DOUGLAS RD 400 MIAMI, FL 33145 US		Mailing Address 2307 DOUGLAS RD 400 MIAMI, FL 33145 US		
2. Principal Place of Business - No P.O. Box # 3785 NW 82 AVE		3. Mailing Address 3785 NW 82 AVE		
Suite, Apt. #, etc. 302		Suite, Apt. #, etc. 302		
City & State DORAL FL		City & State DORAL FL		4. FEI Number 20-1435740
Zip 33166	Country US	Zip 33166	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent OVIES, IDA C 2307 DOUGLAS RD 400 MIAMI, FL 33145			7. Name and Address of New Registered Agent	
			Name	
			Street Address (P.O. Box Number is Not Acceptable) 3785 NW 82 AVE 302	
			City DORAL FL Zip Code 33166	
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 		DATE 7/25/08		
Signature, typed or printed name of registered agent, and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OVIES, IDA C 2307 DOUGLAS RD STE 400 MIAMI, FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OVIES, EDUARDO E 2307 DOUGLAS RD STE 400 MIAMI, FL 33145	<input checked="" 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	MGR ALVAREZ, ENRIQUE J 708 WEST PALM AIR DR POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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
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: 		DATE 7/25/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #		