

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063028

Entity Name: PARIS VENTURES, LLC

FILED
Jul 16, 2008
Secretary of State

Current Principal Place of Business:

4747 COLLINS AVENUE
516
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4747 COLLINS AVENUE
516
MIAMI BEACH, FL 33140

New Mailing Address:

3324 HOLLYWOOD OAKS DRIVE
HOLLYWOOD, FL 33312

FEI Number: 45-0505312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LIEBER, OREN ESQ.
555 NE 15TH STREET
100
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEARL, ARI
Address: 4747 COLLINS AVENUE, SUITE 516
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: SPITZER, ARI
Address: 4747 COLLINS AVENUE, SUITE 516
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PEARL, ARI
Address: 3324 HOLLYWOOD OAKS DRIVE
City-St-Zip: HOLLYWOOD, FL 33312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARI PEARL

MGRM

07/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date