


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000058911</b> 1. Entity Name PARADISE NYFL LLC	
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Principal Place of Business 1723 SE 40TH TERRACE CAPE CORAL, FL 33904	Mailing Address 1723 SE 40TH TERRACE CAPE CORAL, FL 33904
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01082007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3752588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUTZ, KENNETH G  
 1723 SE 40TH TERRACE  
 CAPE CORAL, FL 33904

**DO NOT WRITE IN THIS SPACE**

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 KENNETH G LUTZ *Kenneth G Lutz* 1/8/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when renouncing) DATE

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSSI, HENRY L 101 SW 57TH ST CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, SARAH J 101 SW 57TH ST CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSSI, ANNA M 7 WOODRIDGE ROAD AMSTERDAM, NY 12020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MROZKOWSKI, PHYLLIS 327 MEADOWLARK DRIVE BALLSTON SPA, NY 12020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUTZ, PENELOPE 1723 SE 40TH TERRACE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUTZ, KENNETH G 1723 SE 40TH TERRACE CAPE CORAL, FL 33904

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 01/10/07-80083-019 50.00

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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: *Kenneth G Lutz* 1/8/07 (239) 540-4841  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #