2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A97000001390

1. Entity Name

PARADISE PROPERTIES VENTURE LIMITED



Principal Place of Business Mailing Address

% PARADISE PROPERTIES ENTERPRISES CORP. 1305 HILL AVENUE

MANGONIA PARK, FL 33407

% paradise properties enterprises corp. 1305 Hill Avenue

MANGONIA PARK, FL 33407

FILED Feb 01, 2007 08:00 AM Secretary of State



DO	NOT	WRITE	IN	THIS	SPACE

01172007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0800513

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARADISE PROPERTIES ENTERPRISES CORP. 1305 HILL AVENUE MANGONIA PARK, FL 33407

DO NOT WRITE IN THIS SPACE

The above named the obligations of	fentity submits this statement for the purp registered agent.	oose of changing its registe	red office of registere	ed agent, or both, in the	ne State of Florida.	I am famillar with	, and accept
SIGNATURE	t, typed or printed name of registered agent and title if ap	plicable			- ,	DATE	

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 . 100000616660 1707-80037-010_500.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

GENERAL PARTNER INFORMATION

DOCUMENT #	P96000044001
NAME	PARADISE PROPERTIES ENTERPRISES CORP.
	1305 HILL AVENUE
CITY-ST-ZIP	MANGONIA PARK, FL 33407
DOCUMENT #	
NAME	
SPEET ADDRESS	
CATY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STHEET ADDRESS	
CITY-\$1-ZIP	
DOCUMENT /	
NAME	
STREET ADDRESS	
1717-\$1-7#	
DOCUMENT #	
NAME	
STREET AUDRESS	
CLITY-ST-ZIP	
14. I hereby	certify that the information supplied with this filing does not qualify for
	NAME SIRELI ADDRESS GITY-SI-ZIP GOCUMENT # NAME STREEL ADDRESS GITY-ST-ZIP DOCUMENT # NAME SIREET ADDRESS GITY-ST-ZIP DOCUMENT # NAME SIREET ADDRESS GITY-SI-ZIP

DO NOT WRITE
IN THIS SPACE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/07 (54) 872 3550
Date Date (Dayling Phone 8