


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State*

DOCUMENT # L00000001363 1. Entity Name PARADISE ENTERPRISES LLC	
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04052004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0979079	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

Principal Place of Business 1105 TAYLOR STREET UNIT M PUNTA GORDA, FL 33950	Mailing Address 1105 TAYLOR STREET UNIT M PUNTA GORDA, FL 33950
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6. Name and Address of Current Registered Agent

MANNIX, THERESA B
1105 TAYLOR STREET, UNIT M
PUNTA GORDA, FL 33950

**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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000111880
04/13/04 88838-018-50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNIX, PATRICK H 735 ELISA DRIVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNIX, THERESA B 735 ELISA DRIVE PUNTA GORDA, FL 33950
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Theresa B. Mannix Theresa B. Mannix MGRM 4/08/04 941-639-8081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #