


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000002259
 1. Entity Name
PARADISE CARE COTTAGE AT ST. LUCIE WEST, L.L.C.



Principal Place of Business 713 S.E. MACARTHUR BLVD. STUART, FL 34996	Mailing Address 713 S.E. MACARTHUR BLVD. STUART, FL 34996
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DO NOT WRITE IN THIS SPACE



04272004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1086326	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
 CRARY, LAWRENCE E III
 555 COLORADO AVE.
 STUART, FL 34994

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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** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$50.00 Due by May 1, 2004 U00000161709
 05/28/04-80001-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR	NAME STODDARD, WILLIAM J
STREET ADDRESS	713 S.E. MACARTHUR BLVD.
CITY-ST-ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 806, Florida Statutes.

SIGNATURE: *William J. Stoddard* **WILLIAM J. STODDARD** **IS MGR, PAR** **5-17-04 (612) 802-3666**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #