


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 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

**DO NOT WRITE IN THIS SPACE**



04172007No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1086326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CRARY, LAWRENCE E III  
555 COLORADO AVE.  
STUART, FL 34994

**DO NOT WRITE  
IN THIS SPACE**

B. 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 reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STODDARD, WILLIAM J 713 S.E. MACARTHUR BLVD. STUART, FL 34996
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05/15/07-80096-023 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:**  W.J. STODDARD 4-24-07 772-398-8899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #