


**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"/>	\$5.00 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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IN THIS SPACE**

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 #