

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90039 029 ****50.00

DOCUMENT # L01000003786

1. Entity Name

PARADISE FOUNTAINS AND STATUARY, LLC



Principal Place of Business

12671 HWY 98W
SUITE 208
DESTIN FL 32541

Mailing Address

1 HWY 98 E
DESTIN FL 32541

2. Principal Place of Business

Suite, Apt. #, etc.

#1 Hwy. 98 E

City & State

Destin, FL

Zip

32541

Country

OKaloosa

3. Mailing Address

Suite, Apt. #, etc.

#1 Hwy. 98 E

City & State

Destin, FL

Zip

32541

Country

OKaloosa



MOORE

CR2E083 (11/03)

4. FEI Number

72-1495053

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROUSSEAU, CHESTER
1080 HIGHWAY 98 EAST
UNIT 502
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

John J. Feedback, Jr.

Street Address (P.O. Box Number is Not Acceptable)

3762 Misty Way

City

Destin

FL

Zip Code

32541

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME ROUSSEAU, CHESTER
STREET ADDRESS 1080 HIGHWAY 98 EAST
CITY-ST-ZIP DESTIN FL 32541

TITLE MGR ☐ Delete
NAME Feedback, John J.
STREET ADDRESS #1 Hwy. 98 E
CITY-ST-ZIP Destin, FL 32541

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-15-04 850-654-5770

Date

Daytime Phone #