

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90056 034 ****50.00

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04132006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L01000007306 1. Entity Name PARADISE PROPERTIES L.C.						
Principal Place of Business 425 MEADOW LARK DR. SARASOTA, FL 34236			Mailing Address 425 MEADOW LARK DR. SARASOTA, FL 34236			
2. Principal Place of Business 330 S. ORANGE AVE Suite, Apt. #, etc.			3. Mailing Address 330 S. ORANGE AVE Suite, Apt. #, etc.			
City & State SARASOTA, FL Zip 34236		City & State SARASOTA, FL Zip 34236		4. FEI Number 65-1110569 Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SABA, RICHARD D 2033 MAIN ST, STE 303 SARASOTA, FL 34237		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>						
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIBBETTS, DOUGLAS A 1630 RINGLING BOULEVARD SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	330 S. ORANGE AVE SARASOTA, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLIGAR, GARY R 425 MEADOW LARK DRIVE SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	330 S. ORANGE AVE SARASOTA, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, BRIAN M 2185 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:			Date: 4/10/06 Daytime Phone #: 941 8075700			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE						