

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008492

FILED
Feb 22, 2005
Secretary of State

Entity Name: PARADISE FARMS AT HALCYON FIELDS, LLC

Current Principal Place of Business:

1400 CENTREPARK BLVD., STE. 1000
ATTN: JEFFREY D. KNEEN, ESQ.
WEST PALM BEACH, FL 33401

New Principal Place of Business:

1601 FORUM PLACE, SUITE 300
ATTN: JEFFREY D. KNEEN, ESQ.
WEST PALM BEACH, FL 33401

Current Mailing Address:

1400 CENTREPARK BLVD., STE. 1000
ATTN: JEFFREY D. KNEEN, ESQ.
WEST PALM BEACH, FL 33401

New Mailing Address:

1601 FORUM PLACE, SUITE 300
ATTN: JEFFREY D. KNEEN, ESQ.
WEST PALM BEACH, FL 33401

FEI Number: 01-0685285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNEEN, JEFFREY D ESQ.
LEVY, KNEEN, MARIANI,
1400 CENTREPARK BLVD., STE. 1000
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

KNEEN, JEFFREY D ESQ.
1601 FORUM PLACE, SUITE 300
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE:

02/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BURRELL, JOLI
Address: 11180 ISLEBROOK
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JEFFREY D. KNEEN

MGRM

02/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date