2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000009941

1. Entity Name

PARADISE PROPERTIES, LLC



FILED May 01, 2007 08:00 A Secretary of State

Principal Place of Business

323 WILD ORANGE DR

NEW SMYRNA BEACH, FL 32168

Mailing Address

PO BOX 207

EDGEWATER, FL 32132



DO NOT WRITE IN THIS SPACE

03132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3730644

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEBIS, DANIEL S 3890 TURTLE CREEK DR., STE B-1

DO NOT WRITE

| PORT ORANGE, FL 32127 | | IN 7 | IN THIS SPACE | |
|--|--|--|--|----|
| | e named entity submits this statement for the purpose of cha tions of registered agent. | inging its registered office or registered agent, or bot | h, in the State of Florida. I am familiar with, and accept | _ |
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE | |
| F | iling Fee is \$50.00 ue by May 1, 2007 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | 1 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BLACK, MARK D 323 WILD ORANGE DR NEW SMYRNA BEACH, FL 32168 | | | |
| THE NAME STREET ADDRESS CITY-ST-ZIP | | | 000000751530 05/18/07-80106-015 50. | 00 |
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| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | | | |
| TITLE | | | | |

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

NAME STREET ADDRESS CITY-ST-ZIP

MARK D. BLACK PRESIDENT

4-26-07

*3*86 423 2502

Davtime Phone #