FILED
May 30, 2002 8:00 am
Secretary of State
02-07-2002 90171 029 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020065

1. Entity Name

PARADISE BUILDERS, LLC

Principal Place of Business	Mailing Address
200 CAPITAL CIRCLE S.W. TALLAHASSEE FL 32310	200 CAPITAL CIRCLE S.W. TALLAHASSEE FL 32310

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
200 Capital Cr		P.O. Box 6117	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Tallahassee FL	
Zip	Country	Zip: 32314	Country: LEON

4. FEI Number 59-3760441 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTHERT, KURT E
3226 ADDISON LN.
TALLAHASSEE FL 32317

7. Name and Address of New Registered Agent

Name: [illegible]
Street Address (P.O. Box Number is Not Acceptable): [illegible] Addison Ln
City: Tallahassee FL Zip Code: 32317

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.

SIGNATURE [signature] 1/17/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGRM NAME CAMPBELL, BRIAN STREET ADDRESS 6613 WALDEN CR. CITY-ST-ZIP TALLAHASSEE FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE MGRM NAME ROTHERT, KURT STREET ADDRESS 3226 ADDISON LN. CITY-ST-ZIP TALLAHASSEE FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E083 (9/01)

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 REQUIRED [signature] 5/10/02 (850) 251-4790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #