2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L01000020065

1. Entity Name

PARADISE BUILDERS, LLC



FILED Mar 18, 2004 08:00 AM Secretary of State

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

P.O. BOX 6117

TALLAHASSEE, FL 32314



03152004 No Chg-LLC

CR2E083 (10/03)

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

CAMPBELL, BRIAN 6813 WALDEN CI TALLAHASSEE, FL 32317

SIGNATURE:

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the obligations of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent and title if appricable.	(NOTE Registered Agent signature required when reinstaing)	DATE
Filing Fee is \$50.00 Due by May 1, 2084			U00088831919 03/18/04-80028-007 50.00
g.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-DP	MGRM CAMPBELL, BRIAN 6813 WALDEN CR. TALLAHASSEE, FL 32317		
TITLE NAME STREET ADDRESS CITY-ST-DP			
TITLE NAME STREET ADDRESS CITY-ST-TIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
11. I hereby certify that the information supplied with this filling 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.			