


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000002784</b> 1. Entity Name PARADISE COAST, L.L.C.	
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Principal Place of Business 433 CAPE SAN BLAS ROAD PORT ST. JOE, FL 32456 US	Mailing Address 433 CAPE SAN BLAS ROAD PORT ST. JOE, FL 32456 US
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**DO NOT WRITE IN THIS SPACE**



03172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 80-0036043	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  RISH, GIBSON & SCHOLZ, P.A. 206 E. 4TH STREET PORT ST. JOE, FL 32456
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

1101100321054  
04/21/05-80062-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROW, CHIP 120 BARBARA PORT SAINT JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROW, DEBORAH A 120 BARBARA PORT SAINT JOE, FL 32456
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**DO NOT WRITE  
IN THIS SPACE**

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

3/17/05 (850) 227-2000  
Date Daytime Phone #