

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90183 018 ****50.00

DOCUMENT # L02000004064

1. Entity Name
PARADISE RUN, L.L.C.



Principal Place of Business
2033 MAIN ST., STE. 600
SARASOTA, FL 34237

Mailing Address
2033 MAIN ST., STE. 600
SARASOTA, FL 34237

20046709



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05242006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
01-0605630

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, TROY H JR ESQ
2033 MAIN ST., STE. 600
SARASOTA, FL 34237

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MYERS, TROY H JR
STREET ADDRESS 2033 MAIN STREET, SUITE 600
CITY-ST-ZIP SARASOTA, FL 34237

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Troy H. Myers, Jr., as Manager

5/24/06

(941) 953-8110

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

Date

Daytime Phone #