

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000006787</b><br>1. Entity Name<br><b>PARADISE PROPERTY PARTNERS, L.L.C.</b> |  |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>501 GOODLETTE RD., STE. D-100<br/>NAPLES FL 34102</b> | Mailing Address<br><b>501 GOODLETTE RD., STE. D-100<br/>NAPLES FL 34102</b> |
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|                                                                                                                     |                                                                                         |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country |
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1st MOORE CR2E083 (10/07)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>38-3645840</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                                                          |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
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|                                                                                                                                            |  |
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| 6. Name and Address of Current Registered Agent<br><br><b>CUNNINGHAM, J. BRENDAN<br/>501 GOODLETTE RD., STE. D-100<br/>NAPLES FL 34102</b> |  |
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|                                                                                                                                                     |  |
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| 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> Zip Code |  |
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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's signature required when registering.) DATE

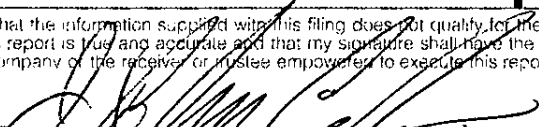
|                                                                                                                                                  |
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| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008, Fee Will Be \$538.75</b><br><b>Make Check Payable to Florida Department of State</b> |
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| 9. MANAGING MEMBERS / MANAGERS                 |                                                                                                                             |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>CUNNINGHAM, J. BRENDAN<br/>501 GOODLETTE RD., STE D-100<br/>NAPLES FL 34102</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>DIJKSTRA, WILLEM<br/>8500 NAPLES HERITAGE DRIVE #1025<br/>NAPLES FL 34112</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>HOLTERMAN, HENRY<br/>KEIZERSWEG 28, HOLTEN<br/>THE NETHERLANDS XX</b> <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                             |

| 10. ADDITIONS / CHANGES                        |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

000000817544  
02/15/08-80011-005 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Certificate Price #