

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010074

Entity Name: PARADISE, L.L.C.

FILED  
Jan 25, 2008  
Secretary of State

## Current Principal Place of Business:

305 CHANCERY CIRCLE  
NAPLES, FL 34110

## New Principal Place of Business:

4708 NE 73RD STREET  
KANSAS CITY,, M 64119

## Current Mailing Address:

305 CHANCERY CIRCLE  
NAPLES, FL 34110

## New Mailing Address:

4708 NE 73RD STREET  
KANSAS CITY,, FL 64119

FEI Number: 33-1022306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCAVUZZO, JOHN F  
305 CHANCERY CIRCLE  
NAPLES, FL 34110 US

## Name and Address of New Registered Agent:

SCAVUZZO, JOHN F  
4708 NE 73RD STREET  
KANSAS CITY,, FL 64119 US

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:

01/25/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: M ( ) Delete  
Name: SCAVUZZO, JOHN  
Address: 305 CHANCERY CIRCLE  
City-St-Zip: NAPLES, FL 34110

Title: MGR ( ) Delete  
Name: SCAVUZZO, RHONDA S  
Address: 305 CHANCERY CIRCLE  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES:

Title: M (X) Change ( ) Addition  
Name: SCAVUZZO, JOHN  
Address: 4708 NE 73RD STREET  
City-St-Zip: KANSAS CITY,, FL 64119

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RHONDA S. MULLIS-SCAVUZZO

MGR

01/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date