2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

| DOCUMENT # L02000014874 1. Entity Name PARADISE KEY, L.L.C. | | | | | | | 05-30-2006 | 90183 (|)13 **** | 50.00 |
|--|------------------------|--------------------------------|--|-----------|--|-----------------------|--------------------------|----------------------|--------------------------|------------------------------|
| Principal Place of Business 2033 MAIN STREET STE. 600 SARASOTA, FL 34237 | | | Mailing Address 2033 MAIN STREET STE. 600 SARASOTA, FL 34237 | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 05242006 | Chg-LLC | CR2E0 | 83 (11/05) |) |
| City & State | | | City & State | | | 4. FEI Numb 04-368 | | | | pplied For lot Applicable |
| Zip | Country | | Zip | Country | | | of Status Desired | L.J | \$5.00 Ad Fee Require | |
| Name and Address of Current Registered Agent | | | | | Name | 7. Name and | d Address of New R | egistered / | Agent | |
| MYERS, T 2033 MAIN SARASOT | N STREE | T STE. 600 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 0/10/001 | A, 1 L O | 201 | | | City | | | FL | Zip Coo | de |
| 8. The above | named enti | ity submits this statement for | the purpose of changing its | registere | ed office or register | red agent, or bo | oth, in the State of Flo | | 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) | | | | | | | | | | |
| Fil Due b | ling Fee i by Septe | is \$50.00 mber 6, 2006 | | | | | | e check p Departm | ayable to ent of Sta | te |
| 9. | | MANAGING MEMBER | RS/MANAGERS | 10. | | | ADDITIONS/ | CHANGES | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | □ Delete | 1 | 1 | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | ☐ Change | ☐ Addition |
| 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 reveiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | | | |
| SIGNATURE: Troy H. Myers, Jr., as Manager 5/24/00 (941) 953-8110 | | | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dale Daytime Phone # | | | | | | | | | | |