

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000017759**

1. Entity Name  
PARADISE CARE VILLAS AT ST. LUCIE WEST, L.L.C.



Principal Place of Business  
713 S.E. MACARTHUR BLVD.  
STUART, FL 34996

Mailing Address  
713 S.E. MACARTHUR BLVD.  
STUART, FL 34996



04172007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0642118

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CRARY, LAWRENCE E III  
555 COLORADO AVENUE  
STUART, FL 34994

**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 \_\_\_\_\_

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 May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
STODDARD, WILLIAM J  
713 S.E. MACARTHUR BLVD.  
STUART, FL 34996

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000743993  
05/15/07-80130-024 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #

W.J. STODDARD

4-24-07 772-398-8899