2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000005284

1. Entity Name

PARADISE POINTE HOLDINGS, LLC



FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

6340 SUNSET DR MIAMI, FL 33143 Mailing Address

6340 SUNSET DR MIAMI, FL 33143



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DO NOT WRITE IN THIS SPACE

01162006 No Chg-LLC CR2

CR2E083 (11/05)

4. FEI Number 59-3767017

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R 201 ALHAMBRA CIR. SUITE 601 CORAL GABLES, FL 33134

SIGNATURE:

DO NOT WRITE IN THIS SPACE

 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. Regislared Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	
NAME STREET ADDRESS CITY-ST-ZIP	MGR CABRERRZO, TOM 11000 NW 92 TERRACE MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, CHARLIE 11000 NW 92 TERRACE MIAMI, FL 33178	05/06/06-8012:-016 50:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, #601 CORAL GABLES, FL 33134	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 trystee employwered to execute this report as required by Chapter 608, Florida Statutes.		

HANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE