

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L03000005284

1. Entity Name

PARADISE POINTE HOLDINGS, LLC



Principal Place of Business

6340 SUNSET DR
MIAMI, FL 33143

Mailing Address

6340 SUNSET DR
MIAMI, FL 33143



01162007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 restate)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CABRERRO, TOM
STREET ADDRESS	11000 NW 92 TERRACE
CITY - ST - ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	MARTINEZ, CHARLIE
STREET ADDRESS	11000 NW 92 TERRACE
CITY - ST - ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	FIELDSTONE, RONALD R
STREET ADDRESS	201 ALHAMBRA CIRCLE, #601
CITY - ST - ZIP	CORAL GABLES, FL 33134

1100000728620
05/08/07-80005-023 50.00

**DO NOT WRITE
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TITLE
NAME
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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 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 #

TOMAS CABRERRO, MGR. 04/17/07 305-779-8004