

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000009636 1. Entity Name PARADISE PROPERTIES OF MARCO, L.L.C.	
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Principal Place of Business
340 WATERLEAF COURT
MARCO ISLAND, FL 34145

Mailing Address
765 N. BARFIELD DR.
MARCO ISLAND, FL 34145



01112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0453585

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBSTER, RONALD S
985 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34145

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGMR
NAME	PAVEK FAMILY INVESTMENTS CORPORATION
STREET ADDRESS	7920 LAKEVILLE BOULEVARD
CITY- ST- ZIP	LAKEVILLE, MN 55044

TITLE	MGRM
NAME	GSELL, FREDY
STREET ADDRESS	765 NORTH BARFIELD DR
CITY- ST- ZIP	MARCO ISLAND, FL 34145

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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STREET ADDRESS	
CITY- ST- ZIP	

UN00000206752
02/01/05-80019-006 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Darrell A. Pavek

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

1-24-05 612-685-3207

Date Daytime Phone #