


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90099 014 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L03000011391</b>                  |  |
| <b>1. Entity Name</b><br>HOMES IN PARADISE, LLC |   |

|  |   |
|--|---|
| <b>Principal Place of Business</b><br>412 SW 26TH AVENUE<br>CAPE CORAL, FL 33993 | <b>Mailing Address</b><br>2521 S.E. 24TH AVE.<br>CAPE CORAL, FL 33904 |
|--|---|

|   |   |
|---|---|
| <b>2. Principal Place of Business</b><br>412 SW 26TH AVE<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>412 SW 26TH AVE<br>Suite, Apt. #, etc. |
|---|---|

|  |  |
|--|--|
| <b>City &amp; State</b><br>Cape Coral Florida<br><b>Zip</b><br>33991<br><b>Country</b><br>US | <b>City &amp; State</b><br>Cape Coral Florida<br><b>Zip</b><br>33991<br><b>Country</b><br>US |
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02212005 Chg-LLC CR2E083 (10/03)

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| <b>4. FEI Number</b><br>NOT APPLICABLE   | <b>Applied For</b><br>Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                      |

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b><br>DROESSLER, MARGARET M<br>2521 S.E. 24TH AVE.<br>CAPE CORAL, FL 33904 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|--|---|

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

|   |  |
|---|--|
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2005</b> | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                              |   | 10. ADDITIONS/CHANGES                                     |   |
|---|---|---|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>MARGARET M. DROESSLER TRUST<br>2521 S.E. 24TH AVENUE<br>CAPE CORAL, FL 33904<br><input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | Margaret M Droessler Trust<br>Incorrect Name spelling<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>DROESSLER, MARGARET M<br>2521 S.E. 24TH AVENUE<br>CAPE CORAL, FL 33904<br><input type="checkbox"/> Delete       | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>SORENSEN, RONALD RICHARD<br>412 SW 26TH AVENUE<br>CAPE CORAL, FL 33993<br><input type="checkbox"/> Delete       | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

**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:** Margaret M. Droessler **4-19-05** **941-573-0297**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #