



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90072 008 ****50.00

DOCUMENT # L03000013712 1. Entity Name PT'S SUNNY PARADISE LLC																													
Principal Place of Business 26+21 TARPON ROAD NAPLES, FL 34102 US			Mailing Address 26+21 TARPON ROAD NAPLES, FL 34102 US																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State		04262004 Chg-LLC CR2E083 (10/03)																									
Zip		Country		4. FEI Number 56-2362674																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																											
6. Name and Address of Current Registered Agent JOHNSON, PAMELA L 2621 TARPON ROAD NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																										
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																										
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, PAMELA L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2621 TARPON ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34102</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	JOHNSON, PAMELA L		STREET ADDRESS	2621 TARPON ROAD		CITY-ST-ZIP	NAPLES, FL 34102		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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SIGNATURE:

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

Date

Daytime Phone #

Pamela Lee Johnson

4/26/04

239-280-6126