2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/14

FILED
Mar 01, 2004 8:00 am
Secretary of State

01-14-2004 90039 005 ****50.00

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1. Entity Name
PARADISE PROPERTIES, LLC

Principal Place of Business	Mailing Address
400 BEACH ROAD, #701 JUPITER ISLAND, FL 33469	400 BEACH ROAD, #701 JUPITER ISLAND, FL 33469

01092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
400 BEACH RD	400 BEACH RD #701
Suite, Apt. #, etc. #701	Suite, Apt. #, etc.
City & State JUPITER ISLAND	City & State JUPITER ISLAND
Zip 33469 Country PALM BEACH	Zip 33469 Country

4. FEI Number 54-2115072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARANGI, NICHOLAS
400 BEACH ROAD, #701
JUPITER ISLAND, FL 33469

7. Name and Address of New Registered Agent

Name NICHOLAS F. MARANGI
Street Address (P.O. Box Number is Not Acceptable) 400 BEACH RD #701
City JUPITER ISLAND FL Zip Code 33469

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 Nicholas F. Marangi
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NICHOLAS F. MARANGI 400 BEACH RD. #701 JUPITER ISLAND, FL. 33469	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Nicholas F. Marangi 1/8/2004 561-676-7776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #