2006 LIMITED LIABILITY COMPANY **FILED** ANNUAL REPORT Jan 20, 2006 08:00 AM DOCUMENT # L03000029578 **Secretary of State** 1. Entity Name SURFERS PARADISE, L.L.C. Principal Place of Business Mailing Address 5455 JAEGER RD. 5455 JAEGER RD. NAPLES, FL 34109 NAPLES, FL 34109 01092006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0196096 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLAPPER, JOHN III DO NOT WRITE 850 PARK SHORE DR, STE 300 NAPLES, FL 34103 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE 1000003935**03** 01/25/06-80023-02**0** 50.00 CLAPPER, BRIGID S NEW 5455 JAEGER RD. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 exemple this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP

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

1-904

Daytime Phone #