2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1

FILED
Jun 04, 2008 8:00 am
Secretary of State
05-12-2008 90120 024 ***138.75

DOCUMENT # L03000029578

1. Entity Name
SURFERS PARADISE, L.L.C.

30008755

Principal Place of Business	Mailing Address
5455 JAEGER RD. NAPLES, FL 34109	5455 JAEGER RD. NAPLES, FL 34109

02112008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0196096
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLAPPER, JOHN III
850 PARKSHORE DR, STE 300
NAPLES, FL 34103

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CLAPPER, BRIGID S
STREET ADDRESS	5455 JAEGER RD.
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	~~MGR~~ MGR
NAME	PAT MURPHY
STREET ADDRESS	4701 SPRING CREEK DR
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: Patrick R. Murphy APRIL 24, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

239-641-1804