

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000044921**



1. Entity Name  
**PARADISE 4, LLC**

Principal Place of Business  
**695 BRECKENRIDGE DRIVE  
PORT ORANGE, FL 32127**

Mailing Address  
**695 BRECKENRIDGE DRIVE  
PORT ORANGE, FL 32127**



01042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1177418</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**WILES, JAMES R  
695 BRECKENRIDGE DRIVE  
PORT ORANGE, FL 32127**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	WILES, JAMES R
STREET ADDRESS	695 BRECKENRIDGE DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32127

TITLE	MGRM
NAME	WILES, JACK D
STREET ADDRESS	5885 RIVERSIDE DR.
CITY-ST-ZIP	PORT ORANGE, FL 32127

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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000000853884  
03/26/08-80088-001 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #

*1-18-08*