


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90302 006 ****55.00

DOCUMENT # L03000046443 1. Entity Name PARADISE FAMILY INVESTMENTS, L.L.C.					
Principal Place of Business 515 TOPS'L BEACH BLVD UNIT 1014 DESTIN, FL 32550			Mailing Address 515 TOPS'L BEACH BLVD UNIT 1014 DESTIN, FL 32550		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAMPBELL, CHRISTOPHER L 34990 EMERALD COAST PKWY 200 DESTIN, FL 32541				Name <u>Ronald M Campbell</u> Street Address (P.O. Box Number is Not Acceptable) <u>515 TOPS'L BEACH BLVD #1014</u> City <u>Destin</u> <u>FL</u> Zip Code <u>32550</u>	
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 <u>Ronald M Campbell</u> DATE <u>3-22-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, RONALD M 515 TOPS'L BEACH BLVD, UNIT 1014 DESTIN, FL 32550	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, CHRISTOPHER L 34990 EMERALD COAST PKWY, SUITE 200 DESTIN, FL 32550	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Ronald M Campbell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>3-22-04</u> Daytime Phone # <u>850-267-8907</u>	