

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046443

FILED  
Mar 04, 2006  
Secretary of State

**Entity Name:** PARADISE FAMILY INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

515 TOPS'L BEACH BLVD  
UNIT 1014  
DESTIN, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

515 TOPS'L BEACH BLVD  
UNIT 1014  
DESTIN, FL 32550

**New Mailing Address:**

**FEI Number:** 59-7243418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CAMPBELL, RONALD M  
575 TOP'S BEACH BLVD  
#1014  
DESTIN, FL 32550 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CAMPBELL, RONALD M  
Address: 515 TOPS'L BEACH BLVD, UNIT 1014  
City-St-Zip: DESTIN, FL 32550

Title: MGRM ( ) Delete  
Name: CAMPBELL, CHRISTOPHER L  
Address: 34990 EMERALD COAST PKWY, SUITE 200  
City-St-Zip: DESTIN, FL 32550 FL

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: CAMPBELL, CHRISTOPHER L  
Address: 116 WINDSPRAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459 FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** RONALD M CAMPBELL

MGR

03/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date