

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055561

FILED
Apr 14, 2006
Secretary of State

Entity Name: PARADISE PROPERTY OF BONITA, L.L.C.

Current Principal Place of Business:

6300 JANES LANE
NAPLES, FL 34109

New Principal Place of Business:

28741 S. DIESEL DR.
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

6300 JANES LANE
NAPLES, FL 34109

New Mailing Address:

P.O. BOX 2134
BONITA SPRINGS, FL 341332134 US

FEI Number: 20-0509204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICIQ, JAMES R
1185 IMMOKALEE ROAD, SUITE 110
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

DIMODICA, ROBERT A
28741 S. DIESEL
BONITA SPRINGS, FL 34135 US

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: ROBERT DIMODICA

04/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, CHRISTOPHER
Address: 6300 JANES LANE
City-St-Zip: NAPLES, FL 34109 US

Title: MGRM () Delete
Name: DIMODICA, ROBERT
Address: 6300 JANES LANE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: DIMODICA, ROBERT
Address: P.O. BOX 2134
City-St-Zip: BONITA SPRINGS, FL 341332134 US

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: ROBERT DIMODICA

MGRM

04/14/2006

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