2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006
Secretary of State

DOCUMENT# L04000018262

Entity Name: TROPICAL PARADISE, LLC

Current Principal Place of Business:

619 S.E. 13TH AVE., C-4
CAPE CORAL, FL 33990

New Principal Place of Business:

1001 SW 36TH ST
CAPE CORAL, FL 33914

Current Mailing Address:

619 S.E. 13TH AVE., C-4
CAPE CORAL, FL 33990

New Mailing Address:

1001 SW 36TH ST
CAPE CORAL, FL 33914

FEI Number: 20-0869686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR ( ) Delete
Name: HARDEN, JAY
Address: 619 S.E. 13TH AVE., C-4
City-St-Zip: CAPE CORAL, FL 33990

Title: MGR ( ) Delete
Name: HARDEN, JAY
Address: 619 S.E. 13TH AVE., C-4
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HARDEN, JAY
Address: 1001 SW 36TH ST
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR (X) Change ( ) Addition
Name: HARDEN, JAY
Address: 1001 SW 36TH ST
City-St-Zip: CAPE CORAL, FL 33990

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: JAY HARDEN MGR 03/30/2006

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