2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2005
Secretary of State

DOCUMENT# L04000023455

Entity Name: PARADISE VENTURES,LLC

Current Principal Place of Business:

15621 SHOAL CREEK PLACE
ODESSA, FL 33556 US

New Principal Place of Business:

9817 COMPASS POINT WAY
TAMPA, FL 33615 US

Current Mailing Address:

P.O. BOX 27205
TAMPA, FL 33623 US

New Mailing Address:

FEI Number: 71-0965881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAYE, XENIA N
15621 SHOAL CREEK PLACE
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

MAYE, XENIA N
9817 COMPASS POINT WAY
TAMPA, FL 33615 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: XENIA N. MAYE 01/22/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: MAYE, XENIA N
Address: 15621 SHOAL CREEK PLACE
City-St-Zip: ODESSA, FL 33556

Title: MGRM ( ) Delete
Name: MAYE, JOHN R
Address: 15621 SHOAL CREEK PLACE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MAYE, XENIA N
Address: 9817 COMPASS POINT WAY
City-St-Zip: TAMPA, FL 33615

Title: MGRM (X) Change ( ) Addition
Name: MAYE, JOHN R
Address: 9817 COMPASS POINT WAY
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN MAYE MGR 01/22/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date