

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025652

FILED  
Aug 21, 2006  
Secretary of State

**Entity Name:** TASTE OF PARADISE, LLC

**Current Principal Place of Business:**

6300 TOWER LANE  
SUITE 6  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

**Current Mailing Address:**

6300 TOWER LANE  
SUITE 6  
SARASOTA, FL 34240 US

**New Mailing Address:**

**FEI Number:** 03-0548147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SINE, JON W  
6300 TOWER LANE  
SUITE 6  
SARASOTA, FL 34240 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SINE, JON W  
Address: 6300 TOWER LANE - SUITE 6  
City-St-Zip: SARASOTA, FL 34240 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SINE, JON W  
Address: 6300 TOWER LANE - SUITE 6  
City-St-Zip: SARASOTA, FL 34240 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: JON W SINE

MGR

08/21/2006

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