

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032059

Entity Name: AFRICAN PARADISE LLC

FILED  
May 02, 2006  
Secretary of State

**Current Principal Place of Business:**

1511 EAST FOWLER AVENUE  
SUITE G & H  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

1511 EAST FOWLER AVENUE  
SUITE G & H  
TAMPA, FL 33612 US

**New Mailing Address:**

FEI Number: 33-1110254      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:**

ASOMBA, AUSTIN  
1511 EAST FOWLER AVENUE  
SUITE G & H  
TAMPA, FL 33612 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: PRS ( ) Delete  
Name: ASOMBA, AUSTIN  
Address: 1511 EAST FOWLER AVENUE  
City-St-Zip: TAMPA, FL 33612

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: VP (X) Change ( ) Addition  
Name: ASOMBA, AUSTIN  
Address: 1511 EAST FOWLER AVENUE  
City-St-Zip: TAMPA, FL 33612

Title: P ( ) Change (X) Addition  
Name: OJINAKA, CHINYERE B  
Address: 518 RICHLYNE STREET APT. C  
City-St-Zip: TAMPA, FL 33617

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: AUSTIN ASOMBA

VP

05/02/2006

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