

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032059

FILED
Sep 04, 2007
Secretary of State

Entity Name: AFRICAN PARADISE LLC

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

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

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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

09/04/2007

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