

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032059

FILED
Apr 08, 2008
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 ()

Name and Address of Current Registered Agent:

ASOMBA, AUSTIN
1511 EAST FOWLER AVENUE
SUITE G & H
TAMPA, FL 33612 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: 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

04/08/2008

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