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Secretary of State

04-04-2005 90418 011 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000033917

1. Entity Name
3839 EL PARAISO PLACE, LLC

Principal Place of Business	Mailing Address
2000 SOUTH OCEAN BLVD., #8C BOCA RATON, FL 33432	2000 SOUTH OCEAN BLVD., #8C BOCA RATON, FL 33432

30009033

2. Principal Place of Business		3. Mailing Address	
3740 So. Ocean Blvd		3740 So. Ocean Blvd.	
Suite, Apt. #, etc. #1007		Suite, Apt. #, etc. #1007	
City & State Highland Beach, FL		City & State Highland Beach, FL	
Zip 33487	Country USA	Zip 33487	Country USA

03182005 Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2423139 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLYNN, MICHAEL P JR 2000 SOUTH OCEAN BLVD., #8C BOCA RATON, FL 33432	Name Flynn, Michael P Jr. Street Address (P.O. Box Number is Not Acceptable) 3740 South Ocean Blvd. #1007 City Highland Beach FL Zip Code 33487

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 3/31/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Flynn, Michael P. Jr. 3740 So. Ocean Blvd. #1007 Highland Beach, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	member	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Flynn, Mary K 3740 So. Ocean Blvd. #1007 Highland Beach, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 3/31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #