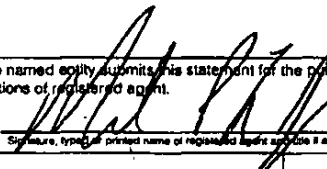
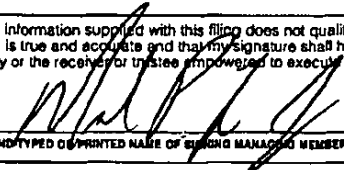


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

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

DOCUMENT # L04000033917			
1. Entity Name 3839 EL PARAISO PLACE, LLC			
Principal Place of Business 2000 SOUTH OCEAN BLVD., #8C BOCA RATON, FL 33432		Mailing Address 2000 SOUTH OCEAN BLVD., #8C BOCA RATON, FL 33432	
2. Principal Place of Business 3740 So. Ocean Blvd. Suite, Apt. #, etc. #1007		3. Mailing Address 3740 So. Ocean Blvd. Suite, Apt. #, etc. #1007	
City & State Highland Beach, FL Zip 33487 Country USA		City & State Highland Beach, FL Zip 33487 Country USA	
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 FLYNN, MICHAEL P JR 2000 SOUTH OCEAN BLVD., #8C BOCA RATON, FL 33432		7. Name and Address of New Registered Agent 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 		DATE 3/31/05	
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. ☐ Change ☒ Addition 3740 So. Ocean Blvd. #1007 Highland Beach, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member Flynn, Mary K ☐ Change ☒ Addition 3740 So. Ocean Blvd. #1007 Highland Beach, FL 33487
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 606, Florida Statutes.			
SIGNATURE: 		DATE 3/31/05	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30009033

