

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039367

FILED
Jan 06, 2006
Secretary of State

Entity Name: PARADISE LIMOUSINE SERVICE,LLC

Current Principal Place of Business:

3715 SE 16TH PL
CAPE CORAL, FL 33904

New Principal Place of Business:

2110 PONDELLA RD
CAPE CORAL, FL 33909

Current Mailing Address:

3715 SE 16TH PL
CAPE CORAL, FL 33904

New Mailing Address:

2110 PONDELLA RD
CAPE CORAL, FL 33909

FEI Number: 20-1162475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIZZI, DENISE
3715 SE 16TH PL
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

FRANKENBERRY, PATRICIA A
2110 PONDELLA RD
CAPE CORAL, FL 33909 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: PATTIE FRANKENBERRY

01/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GIZZI, MARC A
Address: 3715 SE 16TH PL
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR () Delete
Name: CARNEY, JOHN
Address: 3715 SE 16TH PL
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MMB (X) Change () Addition
Name: GIZZI, MARC A
Address: 3715 SE 16TH PL
City-St-Zip: CAPE CORAL, FL 33904

Title: MMB (X) Change () Addition
Name: CARNEY, JOHN
Address: 5306 SW 18TH AVE
City-St-Zip: CAPE CORAL, FL 33914

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: MARC GIZZI

MMB

01/06/2006

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